12/03/2008 08:20

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines HCA INC. GOOD GOVERNMENT FUND PO BOX 550 ADDRESS (number and street) ONE PARK PLAZA Check if different than previously **NASHVILLE** TN 37203 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00067231 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the 04 2008 11 Election on State of 10 16 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David Anderson Type or Print Name of Treasurer Electronically Filed by David Anderson 12 0 1 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name HCA INC. GOOD GOVERNMENT FUND <sup>®</sup> D " D 24 1.0 16 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 248699.32 January 1 (b) Cash on Hand at 125474.67 Begining of Reporting Period ..... 115259.62 226226.34 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 240734.29 474925.66 6(a) and 6(c) for Column B) ..... 27897.52 262088.89 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 212836.77 212836.77 (subtract Line 7 from Line 6(d)) .....

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

|  |  |  | ( | 0.00 | ) |  |
|--|--|--|---|------|---|--|
|  |  |  |   |      |   |  |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

2<sup>D</sup>4 M N 1 6 2008 м м 1 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 132290.00 71925.00 (i) Itemized (use Schedule A) ...... 43148.50 89409.00 (ii) Unitemized ..... (iii) TOTAL (add 115073.50 221699.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 115073.50 221699.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 186.12 4527.34 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 115259.62 226226.34 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 115259.62 226226.34 (subtract Line 18(c) from Line 19) .....

23.

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 197.52 3838.89 Expenditures..... (c) Total Operating Expenditures 197.52 3838.89 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 23000.00 222800.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 200.00 200.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 200.00 200.00 (add Lines 28(a), (b), and (c)) ......... 4500.00 35250.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 27897.52 262088.89 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 27897.52 262088.89 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 115073.50                     | 221699.00                         |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 200.00                        | 200.00                            |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 114873.50                     | 221499.00                         |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 197.52                        | 3838.89                           |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 197.52                        | 3838.89                           |

FE6AN026

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | for each o  | rate schedule(s)<br>category of the<br>Summary Page | FOR LINE NUMBER: PAGE 6 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may not be sold on name and address of any p | or used by any perso<br>political committee to      |   |
| HCA INC. GOOD GOVERNMENT FUN   | ID  |   |   |
| Full Name (Last, First, Middle Initial) William Adams  |   |   | Date of Receipt   |
| Mailing Address 10350 Carol Street   |   |   | 11 10 2008  |
| City   | State Zip Cod   | е   | Transaction ID: SA11AI.18567  |
| Great Falls  | VA 22066  |   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С   |   | 1000.00   |
| Name of Employer<br>Reston Hospital  | Occupation<br>CEO                                     |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                | 1000.00   |   |
| Full Name (Last, First, Middle Initial) Sandy Aderholt   |   |   | Date of Receipt   |
| Mailing Address 1601 Lake Randolph D   | r   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
| City   | State Zip Cod   | e   | Transaction ID: SA11AI.17937  |
| Powhatan   | VA 23139  |   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   |   | 250.00  |
| Name of Employer<br>Henrico Doctors' Hospital  | Occupation Associate CNO - Re                         | etreat Campus                                       |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                |   |   |
| Full Name (Last, First, Middle Initial) Dale Alward  |   |   | Date of Receipt   |
| Mailing Address 1602 Skipwith Rd   |   |   | 10 24 7 2008  |
| City   | State Zip Cod   | е   | Transaction ID: SA11AI.17940  |
| Richmond   | VA 23229  |   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С   |   | 300.00  |
| Name of Employer<br>Henrico Doctors' Hospital  | Occupation Asst Administrator                         |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                | 300.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |   | ······  | 1550.00   |

|               | ZED RECEIPTS   |                        | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one)    X   11a   11b   11c   12   15   16   11                                 |
|---------------|--|------------------------|---|---|
| or for co     | mmercial purposes, other than using the E OF COMMITTEE (In Full) | name and add           | r not be sold or used by any persitress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| HCA           | INC. GOOD GOVERNMENT FUI   | ND                     |   |   |
|               | lame (Last, First, Middle Initial)<br>s Ayersman                 |                        |   | Date of Receipt   |
| Mailir<br>——  | ng Address 832 Amaryllis Lane                                    |                        |   | 10 29 2008  |
| City<br>Veni  | 00   | State<br>FL            | Zip Code<br>34292   | Transaction ID: SA11AI.18395  Amount of Each Receipt this Period                            |
| FEC           | ID number of contributing al political committee.                | C                      | 0423Z   | 350.00  |
| Name<br>Engle | e of Employer<br>ewood Community Hosp                            | Occupation CFO         | 1   |   |
| Rece          | ipt For: Primary General Other (specify) ▼                       |                        | Year-to-Date ▼<br>350.00  | 7   |
|               | lame (Last, First, Middle Initial)<br>Baumgardner                |                        |   | Date of Receipt   |
| Mailir        | ng Address 6260 SW Merkel St                                     |                        |   | 10 16 YYYY<br>2008  |
| City          | 0"   | State                  | Zip Code  | Transaction ID: SA11AI.17795  |
| FEC           | n City  ID number of contributing al political committee.        | FL<br>C                | 34990   | Amount of Each Receipt this Period 500.00   |
| Name<br>Lawn  | e of Employer<br>wood Reg Med Ctr                                | Occupation             | ١   |   |
| Rece          | ipt For: Primary General Other (specify) ▼                       |                        | Year-to-Date ▼ 500.00   |   |
|               | lame (Last, First, Middle Initial)                               |                        |   | Date of Receipt   |
| Mailir        | ng Address 3612 Riverdowns N. D                                  | rive                   |   | M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1   |
| City<br>Midle | othian   | State<br>VA            | Zip Code<br>23113   | Transaction ID: SA11AI.17945  Amount of Each Receipt this Period                            |
| FEC           | ID number of contributing al political committee.                | C                      |   | 250.00  |
| Name<br>Henri | e of Employer<br>ico Doctors Hospital                            | Occupation<br>VP Org D | n<br>Development  |   |
| Rece          | ipt For: Primary General Other (specify) ▼                       | , ' <u> </u>           | Year-to-Date ▼ 250.00   |   |
| SUBTO         | TAL of Receipts This Page (optional)                             |                        |   | 1100.00   |

| SCHEDULE A (FITEMIZED RECE                               | EIPTS om such Reports and Statements m | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 62 (check only one)    X               |
|--|--|---|--|
| NAME OF COMMITT  |  | address of any political committee to                                   | solicit contributions from such committee.                       |
| Full Name (Last, First, Paul Beaupre` Mailing Address 16 | Middle Initial)  178 Greenwood Road    |   | Date of Receipt  |
| City   | State                                  | Zip Code  | 11 10 2008   |
| City<br>Monte Sereno                                     | CA                                     | 95030   | Transaction ID: SA11AI.18543  Amount of Each Receipt this Period |
| FEC ID number of cor<br>federal political commi          | ntributing                             |   | 250.00   |
| Name of Employer<br>Good Samaritan Hosp                  | Occupat<br>COO/C                       |   |  |
| Receipt For: Primary Other (specify)                     | General                                | ate Year-to-Date   250.00   |  |
| Full Name (Last, First, Alisa Bert                       | Middle Initial)                        |   | Date of Receipt  |
| Mailing Address 115                                      | 520 NW 35th Street                     |   | 10 DD / YYYYY<br>24 2008   |
| City   | State                                  | Zip Code  | Transaction ID: SA11AI.18150                                     |
| Sunrise  | FL                                     | 33323   | Amount of Each Receipt this Period                               |
| FEC ID number of cor<br>federal political commi          |  |   | 350.00   |
| Name of Employer<br>Westside Regional                    | Occupat<br>CFO                         | ion   |  |
| Receipt For: Primary Other (specify)                     | General                                | ate Year-to-Date ▼ 350.00   |  |
| Full Name (Last, First, Janelle Biernbaum                | Middle Initial)                        |   | Date of Receipt  |
| Mailing Address 192                                      | 28 Meadowlark Drive                    |   | 10 24 2008   |
| City<br><u>Raymore</u>                                   | State<br>MO                            | Zip Code<br>64083   | Transaction ID: SA11AI.17961  Amount of Each Receipt this Period |
| FEC ID number of cor<br>federal political commi          |  |   | 500.00   |
| Name of Employer<br>Research Belton Hosp                 | Occupat<br>Directo                     | ion<br>r Bus. Dev.  |  |
| Receipt For: Primary Other (specify)                     | General Aggrega                        | ate Year-to-Date   500.00   |  |
| SUBTOTAL of Receipts                                     | This Page (optional)                   |   | 1100.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                     | FOR LINE NUMBER: PAGE 9 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 11           |
|---|---|--|
| Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMEN | and Statements may not be sold or used by any persorng the name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Robert Billings Mailing Address 2890 Swan Circle  | 9   | Date of Receipt  |
| City  | State Zip Code  | 1 0 2 4 2 0 0 8<br>Transaction ID: SA11AI.18099  |
| Dunedin   | FL 34698  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 500.00   |
| Name of Employer<br>Largo Medical Center  | Occupation<br>CFO   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial) Damond Boatwright   |   | Date of Receipt  |
| Mailing Address 4809 W 149th St   |   | 10 24 2008   |
| City  | State Zip Code  | Transaction ID: SA11AI.18052   |
| Leawood   | KS 66224  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 750.00   |
| Name of Employer<br>Lee's Summit Med Ctr  | Occupation CEO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00   |  |
| Full Name (Last, First, Middle Initial) Kathy Bobbs   |   | Date of Receipt  |
| Mailing Address 109 East Peck Bl  | vd  | 10 24 2008   |
| City<br>Lafayette   | State Zip Code<br>LA 70508  | Transaction ID: SA11AI.18278  Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.  | C   | 750.00   |
| Name of Employer<br>Women's & Children's Hosp-<br>ital  | Occupation<br>CEO   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00   |  |
| SUBTOTAL of Receipts This Page (optic   | onal)   | 2000.00  |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 10 / 62 (check only one)    X   11a                                   |
|---|---|---|
| Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM | oorts and Statements may not be sold or used by any person using the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initia<br>Ward Boston<br>Mailing Address 6000 49th St  | <u>,                                      </u>  | Date of Receipt  1 0 2 9 2 0 0 8  |
| City St Petersburg FEC ID number of contributing  | State Zip Code<br>FL 33709  | Transaction ID: SA11AI.18439  Amount of Each Receipt this Period                            |
| federal political committee.  Name of Employer Northside Hospital  Receipt For: Primary General                               | Occupation CEO Aggregate Year-to-Date ▼   | 1000.00   |
| Other (specify)  Full Name (Last, First, Middle Initia Stephanie Boudreaux Mailing Address 2411 Snappe                        | ,   | Date of Receipt   |
| City New Iberia   | State Zip Code LA 70560   | Transaction ID: SA11AI.18525  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.  Name of Employer Dauterive Hospital                               | Occupation  | 350.00  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  350.00  |   |
| Full Name (Last, First, Middle Initia<br>Leona Boullion<br>Mailing Address 111 North Ro                                       | ,   | Date of Receipt  1 0 2 4 2 0 0 8  |
| City<br>Lafayette   | State Zip Code<br>LA 70506  | Transaction ID: SA11AI.18275  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.  | Converting  | 350.00  |
| Name of Employer Women's & Children's Hosp- ital  Receipt For:  Primary  General  Other (specify) ▼                           | Occupation CNO  Aggregate Year-to-Date   350.00   |   |
| SUBTOTAL of Receipts This Page (  | optional)   | 1700.00   |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                          | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 11 / 62 (check only one)    X   |
|-----------------|---|--------------------------|---|---|
| \<br>\<br>\     | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FU | e name and add           | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) Norene Bowers Mailing Address 2201 Saratoga Lane  | Stata                    | Zip Code  | Date of Receipt  1 1 0 2 0 0 8  |
|                 | City<br><u>Glendora</u>   | State<br>CA              | 21p Code<br>91765   | Transaction ID: SA11AI.18521  Amount of Each Receipt this Period                            |
|                 | FEC ID number of contributing federal political committee.  | C                        | 31700   | 500.00  |
|                 | Name of Employer Riverside Community Hosp.  Receipt For:  Primary General Other (specify) ▼   | Occupation CNO Aggregate | Year-to-Date ▼ 500.00   |   |
| -<br>3.         | Full Name (Last, First, Middle Initial) Joe Bowman Mailing Address 9017 Grey Pointe Ct  | 1                        |   | Date of Receipt  1 0 2 4 2 0 0 8  |
|                 | City  | State                    | Zip Code  | Transaction ID: SA11AI.18161  |
|                 | Brentwood   | TN                       | 37027   | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                        |   | 300.00  |
|                 | Name of Employer<br>StoneCrest Medical Center   | Occupation CFO           | n   |   |
|                 | Receipt For:  Primary  General  Other (specify) ▼   | , ·                      | e Year-to-Date ▼ 300.00   |   |
| _               | Full Name (Last, First, Middle Initial)<br>Wendy Brandon  |                          |   | Date of Receipt   |
|                 | Mailing Address 100 Abercrombie Ave   |                          |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                 | City  | State                    | Zip Code  | Transaction ID: SA11AI.17850  |
|                 | Englewood   | FL                       | 34223   | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                        |   | 250.00  |
|                 | Name of Employer<br>Englewood Comm Hosp   | Occupation CEO           | n   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                | Year-to-Date ▼ 250.00   |   |
| Γ               | SUBTOTAL of Receipts This Page (optional)   | 1                        |   | 1050.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                         | FOR LINE NUMBER: PAGE 12 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person name and address of any political committee to |   |
| HCA INC. GOOD GOVERNMENT FO   | JND   |   |
| Full Name (Last, First, Middle Initial) Wendy Brandon   |   | Date of Receipt   |
| Mailing Address 100 Abercrombie Ave   | State Zip Code  | 1 0 2 9 2 0 0 8  Transaction ID: SA11Al.18396                                 |
| Englewood   | FL 34223  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 750.00  |
| Name of Employer<br>Englewood Comm Hosp   | Occupation<br>CEO   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  |   |
| Full Name (Last, First, Middle Initial) Barbara Brennan   |   | Date of Receipt   |
| Mailing Address 116 Jefferson Dr.   |   | 10 24 2008  |
| City  | State Zip Code  | Transaction ID: SA11AI.18215  |
| Nashville   | TN 37075  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С   | 350.00  |
| Name of Employer<br>Skyline Medical Center  | Occupation CNO  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 350.00  |   |
| Full Name (Last, First, Middle Initial)<br>Tim Breslin  |   | Date of Receipt   |
| Mailing Address 4901 Dreyfous Ave   |   | 10 29 2008  |
| City<br><u>Metairie</u>   | State Zip Code LA 70006   | Transaction ID: SA11AI.18409  Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.  | C   | 350.00  |
| Name of Employer<br>Lakeview Regional Medical<br>Cent   | Occupation<br>CFO   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |   | 1450.00   |

|                    | HEDULE A (FEC Form 3X) MIZED RECEIPTS   |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 62 (check only one)    X   |
|--------------------|---|--------------------|---|---|
| or for             | information copied from such Reports and S<br>r commercial purposes, other than using the<br>IAME OF COMMITTEE (In Full)<br>HCA INC. GOOD GOVERNMENT FU             | e name and addre   | not be sold or used by any persons of any political committee to        | on for the purpose of soliciting contributions o solicit contributions from such committee.           |
| A. RMM CC CFI      | full Name (Last, First, Middle Initial) Robin Broughman Mailing Address 4005 Callaghan Cir City Covington  EC ID number of contributing ederal political committee. | State VA C         | Zip Code<br>24426   | Date of Receipt  10 29 2008  Transaction ID: SA11AI.18377  Amount of Each Receipt this Period  350.00 |
| _                  | klleghany Régiónal Receipt For:  Primary General  Other (specify) ▼   | CNO<br>Aggregate Y | ear-to-Date ▼<br>350.00   |   |
| <b>B.</b> <u>G</u> | ull Name (Last, First, Middle Initial) Sina Bullington Mailing Address 232 Black Road Sity  | State              | Zip Code  | Date of Receipt    M  |
| Fi<br>fe           | Dickson  EC ID number of contributing ederal political committee.   | TN C               | 37055   | Amount of Each Receipt this Period 100.00   |
| _                  | lame of Employer forizon Medical Center  Receipt For: Primary General Other (specify)   | CNO                | rear-to-Date ▼ 400.00   |   |
| C. <u>A</u>        | ull Name (Last, First, Middle Initial) unna Burke Mailing Address 109 Fountainview Dr   |                    |   | Date of Receipt  1 1 0 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |
| <u>Y</u>           | oungsville  EC ID number of contributing  | State<br>LA        | Zip Code<br>70592   | Transaction ID: SA11AI.18526  Amount of Each Receipt this Period  350.00                              |
| N                  | ederal political committee.  Jame of Employer Pauterive Hospital  | Occupation CNO     |   | 330.00  |
| R                  | Receipt For: Primary General Other (specify)  | Aggregate Y        | ear-to-Date ▼ 350.00  |   |
| SHE                | BTOTAL of Receipts This Page (optional)   | 1                  |   | 800.00  |

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В.

C.

| SOUEDINE A (EEO Form OV)  |                     |   | FOR LINE NUMBER: PAGE 14 / 62   |  |  |  |
|---|---------------------|---|---|--|--|--|
| SCHEDULE A (FEC Form 3X)  |                     | Use separate schedule(s)  | (check only one)  |  |  |  |
| ITEMIZED RECEIPTS   |                     | for each category of the<br>Detailed Summary Page                     | X 11a 11b 11c 12  |  |  |  |
|   |                     | Detailed Summary Fage   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$                                    |  |  |  |
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may       | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full)   |                     |   |   |  |  |  |
| HCA INC. GOOD GOVERNMENT FU   | ND                  |   |   |  |  |  |
| Full Name (Last, First, Middle Initial)<br>William Caldwell                                     |                     |   | Date of Receipt   |  |  |  |
| Mailing Address 10606 Gravel Neck Dr  | ive                 |   | 10 24 2008  |  |  |  |
| City  | State               | Zip Code  | Transaction ID: SA11AI.17946  |  |  |  |
| Chester   | VA                  | 23831   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C                   |   | 750.00  |  |  |  |
| Name of Employer<br>Henrico Doctors Hospital  | Occupatio<br>COO-Re | n<br>treat Campus   |   |  |  |  |
| Receipt For:  Primary General   | Aggregate           | Year-to-Date ▼  | 1   |  |  |  |
| Other (specify) ▼   |                     | 750.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Gary Cantrell  | •                   |   | Date of Receipt   |  |  |  |
| Mailing Address 11123 Lands End Cha   |                     |   | 10 29 7 2008  |  |  |  |
| City  | State               | Zip Code  | Transaction ID: SA11AI.18383  |  |  |  |
| Pt St Lucie   | FL                  | 34986   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C                   |   | 250.00  |  |  |  |
| Name of Employer<br>St Lucie Medical Center   | Occupatio<br>CEO    | n   |   |  |  |  |
| Receipt For:  | Aggregate           | Year-to-Date ▼  |   |  |  |  |
| Primary General Other (specify)   |                     | 250.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Tim Cerullo  | <u> </u>            |   | Date of Receipt   |  |  |  |
| Mailing Address 201 14th St SW  |                     |   | 10 DD / YYYYY<br>10 24 2008   |  |  |  |
| City  | State               | Zip Code  | Transaction ID: SA11AI.18100  |  |  |  |
| <u>Largo</u>  | FL                  | 33770   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C                   |   | 500.00  |  |  |  |
| Name of Employer<br>Largo Med Ctr   | Occupatio<br>COO    | n   |   |  |  |  |
| Receipt For: Primary General Other (specify)  | Aggregate           | Year-to-Date ▼ 500.00   |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | 1                   |   | 1500.00   |  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 62 (check only one)    X                                       |
|---|------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) |                        | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| HCA INC. GOOD GOVERNMENT FUI  | ND                     |   |   |
| Full Name (Last, First, Middle Initial)<br>Alex Chang   |                        |   | Date of Receipt   |
| Mailing Address 3071 SW 44th Ct   |                        |   | 1 1 1 4 2 0 0 8   |
| City  | State                  | Zip Code  | Transaction ID: SA11Al.18621  |
| Ft. Lauderdale  | FL                     | 33312   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                      |   | 350.00  |
| Name of Employer<br>Fawcett Memorial  | Occupatio<br>COO       | n   | 7   |
| Receipt For: Primary General  | Aggregate              | e Year-to-Date ▼  | 1   |
| Other (specify) ▼   | 0 0                    | 350.00  |   |
| Full Name (Last, First, Middle Initial)<br>Naomi Chatman  | 1                      |   | Date of Receipt   |
| Mailing Address 6684 Fairweather Drive  | е                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                  | Zip Code  | Transaction ID: SA11AI.18339  |
| Anchorage   | AK                     | 99518   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                      |   | 100.00  |
| Name of Employer<br>Alaska Regional   | Occupation<br>Dir Food | n<br>  Services   | 7   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | e Year-to-Date ▼ 300.00   |   |
| Full Name (Last, First, Middle Initial)<br>Lee Chaykin  | <u> </u>               |   | Date of Receipt   |
| Mailing Address 7201 N University Dr  |                        |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                  | Zip Code  | Transaction ID: SA11AI.18480  |
| Tamarac   | FL                     | 33321   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                      |   | 750.00  |
| Name of Employer<br>University Hospital   | Occupatio<br>CEO       | n   | 7   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | e Year-to-Date ▼ 750.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |                        |   | 1200.00   |

|            | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S                | Statomente mo  | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 16 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------|---|----------------|--|---|
|            | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FU | e name and add | griot be sold of used by any person<br>dress of any political committee to | solicit contributions from such committee.                                      |
| <b>A</b> . | Full Name (Last, First, Middle Initial)  Jason Cobb  Mailing Address 201 South Tallowwood                 | d Drive        |  | Date of Receipt  1 0 2 9 2 0 0 8  |
|            | City  | State          | Zip Code   | Transaction ID: SA11AI.18416  |
|            | Covington   | LA             | 70433  | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.  | C              |  | 750.00  |
|            | Name of Employer<br>Lakeview Regional   | Occupation CEO | n  |   |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate      | e Year-to-Date ▼ 750.00  |   |
|            | Full Name (Last, First, Middle Initial)   |                |  | Date of Descript  |
| B.         | Tina Coker  Mailing Address 782 Claire Drive  |                |  | Date of Receipt   |
|            | 0.11  | 01-1-          | 7'- 0-4-   | 10 29 2008  |
|            | City<br>Mandeville  | State<br>LA    | Zip Code<br>70471  | Transaction ID: SA11AI.18410  Amount of Each Receipt this Period                |
|            | FEC ID number of contributing federal political committee.  | C              | 7077   | 350.00  |
|            | Name of Employer<br>Lakeview Regional   | Occupation     | n  |   |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate      | Year-to-Date ▼ 350.00  |   |
| С.<br>С.   | Full Name (Last, First, Middle Initial) Patrick Connor  |                |  | Date of Receipt   |
|            | Mailing Address 1962 Lynton Circle  |                |  | 10 16 2008  |
|            | City<br>Wellington  | State<br>FL    | Zip Code<br>33414  | Transaction ID: SA11AI.17756  Amount of Each Receipt this Period                |
|            | FEC ID number of contributing federal political committee.  | C              |  | 350.00  |
|            | Name of Employer<br>Columbia Hospital   | Occupation     | n  |   |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate      | e Year-to-Date ▼ 350.00  |   |
|            | SUBTOTAL of Receipts This Page (optional)   | 1              |  | 1450.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 17 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pers le name and address of any political committee to |   |
| HCA INC. GOOD GOVERNMENT FI   | JND  |   |
| Full Name (Last, First, Middle Initial) Wayne Dalton  |  | Date of Receipt   |
| Mailing Address 2795 East 25 South  City  | State Zip Code   | 11 10 2008  |
| Layton  | UT 84040   | Transaction ID: SA11AI.18475  Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.  | C  | 350.00  |
| Name of Employer<br>Lakeview Hospital   | Occupation<br>CFO  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00  |   |
| Full Name (Last, First, Middle Initial)<br>Richard Davis  |  | Date of Receipt   |
| Mailing Address 6684 Fairweather Dr   |  | 10 29 2008  |
| City  | State Zip Code   | Transaction ID: SA11AI.18340  |
| Anchorage   | AK 99518   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer<br>Alaska Reg Hosp   | Occupation COO   |   |
| Receipt For:  Primary  General  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 500.00   |   |
| Full Name (Last, First, Middle Initial)<br>Deborah Deal   |  | Date of Receipt   |
| Mailing Address 358 Magnolia Vale D   | rive   | 10 24 2008  |
| Chattanaga  | State Zip Code   | Transaction ID: SA11AI.18209  |
| <u>Chattanooga</u>  | TN 37419   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 250.00  |
| Name of Employer<br>Parkridge Medical Center  | Occupation<br>ACNO   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |  | 1100.00   |

| SCHEDULE A (FEC Form SITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 18 / 62 (check only one)    X   11a                                   |
|--|--|---|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN                            | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Bryce DeHaven Mailing Address 1661 Whie Owl F  City Amelia Island FEC ID number of contributing federal political committee. | State Zip Code FL 32003  C Occupation  | Date of Receipt    M M  |
| Name of Employer Orange Park Med Ctr  Receipt For:  Primary  General  Other (specify) ▼  | CFO Aggregate Year-to-Date ▼  500.00   |   |
| Full Name (Last, First, Middle Initial) Kay Delage Mailing Address 631 Glenn Circle  |  | Date of Receipt  10 24 2008   |
| City   | State Zip Code   | Transaction ID: SA11AI.18216  |
| Madison  | TN 37115   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 350.00  |
| Name of Employer<br>Skyline Medical Ctr  | Occupation<br>COO  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  350.00   |   |
| Full Name (Last, First, Middle Initial) Ruth DePalantino   | -  | Date of Receipt   |
| Mailing Address 2323 9th Ave N   |  | 10 16 2008  |
| City<br>St. Potoroburg   | State Zip Code<br>FL 33713   | Transaction ID: SA11AI.17784  |
| St. Petersburg  FEC ID number of contributing federal political committee.   | FL 33713   | Amount of Each Receipt this Period  350.00  |
| Name of Employer<br>Edward White Hospital  | Occupation CNO   | 7   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  350.00   |   |
| SUBTOTAL of Receipts This Page (optic  | nal)   | 1200.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 19 / 62 (check only one)    X  |
|---|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU   | e name and add                         | r not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions   |
| Full Name (Last, First, Middle Initial) Nancy Dodson Mailing Address PO Box 16302  City Panama City  FEC ID number of contributing federal political committee.  Name of Employer Gulf Coast Med Ctr  Receipt For:  | State FL C Occupation COO Aggregate    | Zip Code 32406  | Date of Receipt  M M J 16 2008  Transaction ID: SA11AI.17714  Amount of Each Receipt this Period  350.00         |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) Robert Dunwoody Mailing Address 5570 59th Terrace  | Chate                                  | 350.00  | Date of Receipt  10 16 2008  |
| City Vero Beach  FEC ID number of contributing federal political committee.  Name of Employer Lawnwood Reg Med Ctr  Receipt For: Primary General Other (specify)  | State FL  C  Occupation CFO  Aggregate | Zip Code 32967  1  Year-to-Date ▼  500.00                                 | Transaction ID: SA11AI.17794  Amount of Each Receipt this Period  500.00   |
| Full Name (Last, First, Middle Initial) Brenda DuPree  Mailing Address 2810 71st Circle Apt  City Vero Beach  FEC ID number of contributing federal political committee.  Name of Employer Lawnwood Reg Med Ctr  Receipt For: Primary General Other (specify) | State FL  C  Occupation CNO            | Zip Code 32966  Year-to-Date ▼  500.00                                    | Date of Receipt  M M M / D D M 2 0 0 8  Transaction ID: SA11AI.17793  Amount of Each Receipt this Period  500.00 |
| SUBTOTAL of Receipts This Page (optional)   |  |   | 1350.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b> )                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 62 (check only one)    X                      |
|--|---------------------------|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT F        | the name and add          | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                           |
| Full Name (Last, First, Middle Initial)  Marsha Easley  Mailing Address 11758 Wordsworth   | Court                     |   | Date of Receipt  |
| City  Jacksonville  FEC ID number of contributing  | State<br>FL               | Zip Code<br>32223   | Transaction ID: SA11AI.18011  Amount of Each Receipt this Period  250.00 |
| Receipt For:  Primary  Other (specify)   | Occupation COO Aggregate  | n Year-to-Date ▼  | 250.00   |
| Full Name (Last, First, Middle Initial) Michael Ehrat Mailing Address 3441 Dickerson Pk City   | State                     | Zip Code  | Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y |
| Nashville  FEC ID number of contributing federal political committee.  Name of Employer Skyline Med Ctr  Receipt For:  Primary General Other (specify) ▼ | Occupation COO  Aggregate | 37207<br>n<br>• Year-to-Date ▼<br>350.00                                      | Amount of Each Receipt this Period  350.00                               |
| Full Name (Last, First, Middle Initial) Lester Eljaiek Mailing Address 1940 Westward Dr  |                           |   | Date of Receipt  10 24 2008  |
| City  Miami Springs  FEC ID number of contributing federal political committee.  | State<br>FL<br>C          | Zip Code<br>33166   | Transaction ID: SA11AI.18085  Amount of Each Receipt this Period  250.00 |
| Name of Employer Aventura Hospital  Receipt For:  Primary General  Other (specify) ▼   | Occupation CFO Aggregate  | e Year-to-Date ▼ 250.00   |  |
| SUBTOTAL of Receipts This Page (optional   | )                         |   | 850.00   |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 21 / 62 (check only one)  X 11a 11b 11c 12                           |
|---------|---|--|--|
|         | Any information copied from such Reports and Stor for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | n for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN  | ND   |  |
| Α.      | Full Name (Last, First, Middle Initial) Rex Etheredge   |  | Date of Receipt  |
|         | Mailing Address 1371 SW 43rd Place  |  | 10 24 2008   |
|         | City  | State Zip Code   | Transaction ID: SA11AI.18326   |
|         | Ocala  FEC ID number of contributing federal political committee.                               | FL 34474   | Amount of Each Receipt this Period 500.00  |
|         | Name of Employer<br>Ocala Regional/West Marion  | Occupation CEO   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>Eric Evans   |  | Date of Receipt  |
|         | Mailing Address 109 Grande Mansion  |  | 10 29 2008   |
|         | City  | State Zip Code   | Transaction ID: SA11AI.18432   |
|         | Mandeville  FEC ID number of contributing federal political committee.                          | LA 70471   | Amount of Each Receipt this Period  350.00   |
|         | Name of Employer<br>Lakeview Reg Med Ctr  | Occupation COO   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00  |  |
| -<br>С. | Full Name (Last, First, Middle Initial)<br>Alan Fabian  |  | Date of Receipt  |
|         | Mailing Address 216 Cresthill Drive   |  | 1 1 1 0 2 0 0 8  |
|         | City<br>Youngsville   | State Zip Code<br>LA 70592   | Transaction ID: SA11AI.18524  Amount of Each Receipt this Period                           |
|         | FEC ID number of contributing federal political committee.                                      | C  | 750.00   |
|         | Name of Employer<br>Dauterive Hospital  | Occupation CEO   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |  | 1600.00  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS                                      | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 22 / 62 (check only one)  X 11a 11b 11c 12                              |
|---|--|---|
| Any information copied from such Rep or for commercial purposes, other than | orts and Statements may not be sold or used by any per-<br>using the name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM                           | ENT FUND   |   |
| Full Name (Last, First, Middle Initia<br>Mike Fencel                        | )  | Date of Receipt   |
| Mailing Address 8822 Stillwate  | rs Landing Dr  | 10 24 YYYY 2008   |
| City  | State Zip Code   | Transaction ID: SA11AI.17977  |
| Riverview   | FL 33569   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 1000.00   |
| Name of Employer<br>Brandon Regional Hospital                               | Occupation<br>CEO  |   |
| Receipt For:  Primary General  Other (specify) ▼                            | Aggregate Year-to-Date ▼ 1000.00   |   |
| Full Name (Last, First, Middle Initia                                       | )  | Date of Receipt   |
| Mailing Address 40 Woodburn   | St   | 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Code   | Transaction ID: SA11AI.18297  |
| Frankfort  FEC ID number of contributing                                    | KY 40601   | Amount of Each Receipt this Period  350.00  |
| federal political committee.  | 0  | 330.33  |
| Name of Employer<br>Frankfort Reg Med Ctr                                   | Occupation COO   |   |
| Receipt For:  Primary General  Other (specify) ▼                            | Aggregate Year-to-Date ▼ 350.00  |   |
| Full Name (Last, First, Middle Initia                                       | )  | Date of Receipt   |
| Mailing Address 1300 Kristiann  | na Dr  | 10 16 2008  |
| City  | State Zip Code   | Transaction ID: SA11AI.17717  |
| Panama City   | FL 32405   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 500.00  |
| Name of Employer<br>Gulf Coast Med Ctr                                      | Occupation<br>CEO  |   |
| Receipt For:  Primary General  Other (specify) ▼                            | Aggregate Year-to-Date ▼ 500.00  |   |
| SUBTOTAL of Receipts This Page (o   | optional)  | 1850.00   |

|                 | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | for eac                            | eparate schedule(s)<br>ch category of the<br>ed Summary Page | FOR LINE NUMBER: PAGE 23 / 62 (check only one)    X   11a                                   |
|-----------------|--|------------------------------------|--|---|
|                 | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FURTHER PROPERTY AND ADDRESS AND ADDRE | e name and address of ar           | old or used by any persony political committee to            | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) Peggy Gatliff Mailing Address 128 Palmetto Lane City   | State Zip C<br>FL 3377             |  | Date of Receipt  10 16 2008  Transaction ID: SA11AI.17782                                   |
|                 | Largo FEC ID number of contributing federal political committee.   | FL 3377                            |  | Amount of Each Receipt this Period  350.00  |
|                 | Name of Employer Edward White Hospital  Receipt For:  Primary General  Other (specify) ▼   | Occupation CFO Aggregate Year-to-D | Date ▼ 350.00  |   |
| В.              | Full Name (Last, First, Middle Initial) C. Shayne George Mailing Address 1825 Champions Circ   | cle                                |  | Date of Receipt  10 16 2008   |
|                 | City   | State Zip C                        |  | Transaction ID: SA11AI.17791  |
|                 | Evans  FEC ID number of contributing federal political committee.  | GA 3080                            | 09   | Amount of Each Receipt this Period  1000.00   |
|                 | Name of Employer<br>Doctors Hospital Augusta   | Occupation President/CEO           |  |   |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-D                | Date ▼ 1000.00   |   |
| _<br>C.         | Full Name (Last, First, Middle Initial)<br>Beverly Gilmore   |                                    |  | Date of Receipt   |
|                 | Mailing Address 7300 Medical Center  | Drive                              |  | 10 24 2008  |
|                 | City West Hills  | State Zip C                        |  | Transaction ID: SA11AI.18205  Amount of Each Receipt this Period                            |
|                 | FEC ID number of contributing federal political committee.   | C                                  | , , ,  | 1000.00   |
|                 | Name of Employer<br>West Hills Hospital  | Occupation President & CEO         |  |   |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-D                | Date ▼ 1000.00   |   |
|                 | SUBTOTAL of Receipts This Page (optional)  | ı                                  |  | 2350.00   |
|                 | TOTAL This Period (last page this line number  | er only)                           | <u> </u>   |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 24 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 1           |
|---|---|--|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN | and Statements may not be sold or used by any persong the name and address of any political committee to T FUND | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Cindy Glover  Mailing Address 12034 Edgemere  | Circle  | Date of Receipt  |
|   |   | 11 10 2008   |
| City<br><u>Reston</u>   | State Zip Code<br>VA 20190  | Transaction ID: SA11AI.18583  Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.  | C   | 500.00   |
| Name of Employer<br>Reston Hospital   | Occupation CNO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial) Cheryl Goforth  | L   | Date of Receipt  |
| Mailing Address 8800 Dorchester   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |
| City N Charleston   | State Zip Code<br>SC 29420  | Transaction ID: SA11AI.18510  Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.  | C   | 500.00   |
| Name of Employer<br>Trident Med Ctr   | Occupation CNO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial)<br>Sonia Gonzalez   | I   | Date of Receipt  |
| Mailing Address 13624 Cooper Ro   | I   | 10 24 2008   |
| City<br>Spring Hill   | State Zip Code<br>FL 34609  | Transaction ID: SA11AI.18177  Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.  | C   | 400.00   |
| Name of Employer<br>Oak Hill Hospital   | Occupation COO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 400.00   |  |
| SUBTOTAL of Receipts This Page (optic   | nal)  | 1400.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                | FOR LINE NUMBER: PAGE 25 / 62 (check only one)    X   |  |  |
|---|--|---|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT | d Statements may not be sold or used by any pers<br>the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| Full Name (Last, First, Middle Initial) Karl Gorrell Mailing Address 8624 Wild Bird Ct  |  | Date of Receipt   |  |  |
| City Charleston FEC ID number of contributing   | State Zip Code<br>SC 29420   | Transaction ID: SA11AI.18514  Amount of Each Receipt this Period                            |  |  |
| federal political committee.  Name of Employer Trident Health System  | Occupation<br>CFO  | 350.00  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00  |   |  |  |
| Full Name (Last, First, Middle Initial) Robert Grace Mailing Address 7263 Hidden Cove   | Ct   | Date of Receipt  10 24 2008   |  |  |
| City  | ·  |   |  |  |
| Spring Hill  FEC ID number of contributing federal political committee.   | FL 34607   | Amount of Each Receipt this Period 250.00   |  |  |
| Name of Employer<br>Oak Hill Hospital   | Occupation<br>CFO  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  |   |  |  |
| Full Name (Last, First, Middle Initial)<br>Otis Lee Gray, Jr.   |  | Date of Receipt   |  |  |
| Mailing Address 720 Rincon Abbey 0  | Court  | 10 16 2008  |  |  |
| City<br>Martinez  | State Zip Code<br>GA 30907   | Transaction ID: SA11AI 17786  |  |  |
| FEC ID number of contributing federal political committee.  | GA 30907   | Amount of Each Receipt this Period 350.00   |  |  |
| Name of Employer<br>Doctors Hosp. Augusta   | Occupation VP Medical Affairs  |   |  |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 350.00  |   |  |  |
| SUBTOTAL of Receipts This Page (optiona   | l)   | 950.00  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---|------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN |                  | y not be sold or used by any perso<br>dress of any political committee to     |   |
| Full Name (Last, First, Middle Initial)   |                  |   |   |
| Tim Haasken  Mailing Address 3700 South Main St   |                  |   | Date of Receipt   |
| City  | State            | Zip Code  | 11 10 2008  |
| Blacksburg  | VA               | 24060   | Transaction ID: SA11AI.18462  Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.  | C                | L-1000  | 350.00  |
| Name of Employer<br>Montgomery Regional   | Occupatio<br>CFO | n   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | e Year-to-Date ▼<br>350.00  |   |
| Full Name (Last, First, Middle Initial) Mary Halverson  |                  |   | Date of Receipt   |
| Mailing Address 9137 Hunters Bend Cir   |                  |   | M M / D D / Y Y Y Y Y Y 1 1 0 2 4 2 0 0 8                                     |
| City  | State            | Zip Code  | Transaction ID: SA11AI.18206  |
| Ooltewah  | TN               | 37363   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                |   | 350.00  |
| Name of Employer<br>Parkridge Valley Hospital   | Occupatio<br>CFO | n   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | e Year-to-Date ▼ 350.00   |   |
| Full Name (Last, First, Middle Initial)<br>Neil Heatherly   |                  |   | Date of Receipt   |
| Mailing Address 1821 Grey Pointe Dr   |                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |
| City  | State            | Zip Code  | Transaction ID: SA11Al.18160  |
| Brentwood   | TN               | 37027   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                |   | 750.00  |
| Name of Employer<br>StoneCrest Medical Center   | Occupatio<br>CEO | n   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | e Year-to-Date ▼ 750.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |                  |   | 1450.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>N</b> )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 27/62   (check only one)     X |
|--|---------------------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions       |
| NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT                                     | <u> </u>                              |   |  |
| Full Name (Last, First, Middle Initial)  Debra Herwaldt                                  |                                       |   | Date of Receipt                                      |
| Mailing Address 2045 Roadrunner A  | 1 1 1 0 2 0 0 8                       |   |  |
| City   | State                                 | Zip Code  | Transaction ID: SA11AI.18518                         |
| Thousand Oaks  | CA                                    | 91320   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 250.00   |
| Name of Employer<br>Los Robles Hosp  | Occupation CFO                        | n   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial)<br>Scott Hill                                    | I                                     |   | Date of Receipt                                      |
| Mailing Address 3700 S Main  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City   | State                                 | Zip Code  | Transaction ID: SA11AI.18463                         |
| Blacksburg   | VA                                    | 24060   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 750.00   |
| Name of Employer<br>Montgomery Reg Hosp  | Occupation CEO                        | n   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 750.00   |  |
| Full Name (Last, First, Middle Initial)<br>Tina Hill                                     |                                       |   | Date of Receipt                                      |
| Mailing Address 111 Long Valley Ro   | t                                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City   | State                                 | Zip Code  | Transaction ID: SA11AI.18388                         |
| Brentwood  | TN                                    | 37027   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 250.00   |
| Name of Employer<br>HCA Corporate  | Occupation Accounta                   |   | 7  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 250.00   | ]  |
|  |                                       |   | 1250.00  |

## SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | f                                     | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 62 (check only one)    X   |
|---|---------------------------------------|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU | e name and address                    | be sold or used by any pers<br>s of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ellen Hinz Mailing Address 3503 Stevens Way   | Ctata                                 | Zip Code   | Date of Receipt  10 16 2008   |
| City<br>Martinez  | State<br>GA                           | 30907  | Transaction ID: SA11AI.17787  |
| FEC ID number of contributing federal political committee.  | C                                     | 30907  | Amount of Each Receipt this Period  100.00  |
| Name of Employer Doctors Augusta  Receipt For: Primary General Other (specify)  | Occupation Director Qua Aggregate Yea | <u> </u>   |   |
| Full Name (Last, First, Middle Initial) Dan Houghton Mailing Address 1444 Matterhorn Dr   |                                       |  | Date of Receipt  1 1 1 0 2 0 0 8  |
| City  | State                                 | Zip Code   | Transaction ID: SA11Al.18522  |
| Riverside   | CA                                    | 92506  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                                     |  | 500.00  |
| Name of Employer<br>Riverside Community Hosp  | Occupation CFO                        |  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Yea                         | ar-to-Date ▼<br>500.00   |   |
| Full Name (Last, First, Middle Initial) David Hughes  |                                       |  | Date of Receipt   |
| Mailing Address 21 Jasmine Ct   |                                       |  | 10 24 2008  |
| City  | State                                 | Zip Code   | Transaction ID: SA11AI.18075  |
| Plantation  | FL                                    | 33317  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                                     |  | 350.00  |
| Name of Employer<br>Plantation General  | Occupation CFO                        |  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Yea                         | ar-to-Date ▼<br>350.00   |   |
| SUBTOTAL of Receipts This Page (optional) .   |                                       |  | 950.00  |

|   |                                       |   | _   |
|---|---------------------------------------|---|---|
| SCHEDULE A (FEC Form 3X)  |                                       | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 29 / 62   |
| ITEMIZED RECEIPTS   |                                       | for each category of the  | (check only one)  |
| II EIVIIZED RECEIP 13   |                                       | Detailed Summary Page   | X 11a 11b 11c 12  |
|   |                                       | , 3   | 13 14 15 16 17  |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add          | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |                                       | • •   |   |
| HCA INC. GOOD GOVERNMENT FU   | ND                                    |   |   |
| Full Name (Last, First, Middle Initial)  A. Delilah Hughes                                      |                                       |   | Date of Receipt   |
| Mailing Address 7127 Tenderfoot Trail   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                                 | Zip Code  | Transaction ID: SA11AI.18207  |
| Ooltewah  | TN                                    | 37363   | Amount of Each Receipt this Period  |
|   | 111                                   | 37303   | Amount of Each Necept this Period   |
| FEC ID number of contributing federal political committee.                                      | C                                     |   | 250.00  |
| Name of Employer<br>Parkridge Med Ctr   | Occupatio<br>ACNO                     | n   |   |
| Receipt For:  |                                       | e Year-to-Date ▼  |   |
| Primary General   | Aggregate                             | rear-to-Date •  |   |
| Other (specify)   |                                       | 250.00  |   |
| Other (speedily)  | 0 0                                   |   |   |
| Full Name (Last, First, Middle Initial) <b>B.</b> Suzanne Jackson                               | <u> </u>                              |   | Date of Receipt   |
| Mailing Address 2960 Sleepy Hollow R  |                                       |   | <u> </u>  |
| City  | State                                 | Zin Codo  | 10 24 2008  |
| •   |                                       | Zip Code  | Transaction ID: SA11AI.18144  |
| Falls Church  | VA                                    | 22044   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                                     |   | 750.00  |
| Name of Employer  | Occupatio                             | n   | <del>-</del>  |
| Dominion Hospital   | CEO                                   |   |   |
| Receipt For:  | T -                                   | Vegeta Data   | _   |
| Primary General   | Aggregate                             | e Year-to-Date ▼  |   |
| Other (specify)   |                                       | 750.00  |   |
| Other (specify)   |                                       | 0 0 0 0 0 0 0   |   |
| Full Name (Last, First, Middle Initial)   |                                       |   | 1   |
| C. Ashley F. Johnson  |                                       |   | Date of Receipt   |
| Mailing Address 4865 Shoreline Circle   | Mailing Address 4865 Shoreline Circle |   |   |
| City  | State                                 | Zip Code  | Transaction ID: SA11Al.18082  |
| Sanford   | FL                                    | 32771   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                                     |   | 500.00  |
| Name of Employer<br>Central Florida Regional<br>Hosp  | Occupatio<br>Chief Fir                | n<br>nancial Officer  |   |
| Receipt For:  |                                       | e Year-to-Date ▼  | 7   |
| Primary General   | , iggi ogaic                          |   | 1   |
| Other (specify)   |                                       | 500.00  |   |
| □ Strot (Speedily) ▼  | 0 0                                   |   | 1   |
|   | 1                                     |   |   |
|   |                                       |   |   |
| SUBTOTAL of Receipts This Page (optional)   |                                       |   | 1500.00   |

## SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 30 / 62 (check only one)    X   |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F | Statements may not be sold or used by any personal Statements may not be sold or used by any personal he name and address of any political committee to UND | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Cynthia Johnson Mailing Address 620 E.Gregory Blvd.   |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City  | State Zip Code  | Transaction ID: SA11AI.18642  |
| Kansas City  FEC ID number of contributing federal political committee.   | MO 64131  | Amount of Each Receipt this Period  500.00  |
| Name of Employer Research Medical Ctr  Receipt For: Primary General   | Occupation CNO  Aggregate Year-to-Date ▼  | 1   |
| Other (specify)  Full Name (Last, First, Middle Initial) Tedrick Johnson  | 500.00  | Date of Receipt   |
| Mailing Address 3600 Riverdowns N   | Drive   | 10 16 2008  |
| City  | State Zip Code  | Transaction ID: SA11AI.17779  |
| <u>Midlothian</u>   | VA 23113  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 500.00  |
| Name of Employer<br>Capital Division  | Occupation VP Operations  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |   |
| Full Name (Last, First, Middle Initial)<br>Richard Kennedy  | 1   | Date of Receipt   |
| Mailing Address 12587 NW 83rd Ct  |   | 10 24 2008  |
| City  | State Zip Code  | Transaction ID: SA11AI.18084  |
| <u>Parkland</u>   | FL 33076  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С   | 300.00  |
| Name of Employer<br>Aventura Hospital   | Occupation COO  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 1200.00  |   |
| SUBTOTAL of Receipts This Page (optional)   | ·····   | 1300.00   |

| SCHEDULE A (FEC Form  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 31 / 62 (check only one)    X   11a                                   |
|---|---|---|
| Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM | orts and Statements may not be sold or used by any pers<br>using the name and address of any political committee to<br>ENT FUND | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial Kelly Kern  Mailing Address 9540 World Ci  |   | Date of Receipt   |
| City  | State Zip Code  | 1 0 1 6 2 0 0 8<br>Transaction ID: SA11AI.17827   |
| Las Vegas   | NV 89117  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 250.00  |
| Name of Employer<br>Mountain View Hospital  | Occupation Assoc. Admin.  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  250.00  |   |
| Full Name (Last, First, Middle Initial Don King   |   | Date of Receipt   |
| Mailing Address 905 Dogwood   | Drive   | 10 24 2008  |
| City  | State Zip Code  | Transaction ID: SA11AI.18054  |
| Raymore   | MO 64083  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 350.00  |
| Name of Employer<br>Lees' Summit Med Ctr  | Occupation COO  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00   |   |
| Full Name (Last, First, Middle Initial Mary Ann Knight  |   | Date of Receipt   |
| Mailing Address 5637 Marine F   | arkway  | 10 24 2008  |
| City  | State Zip Code  | Transaction ID: SA11AI.18095  |
| New Port Richie   | FL 34656  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 500.00  |
| Name of Employer<br>Community Hospital  | Occupation COO  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |   |
| SUBTOTAL of Receipts This Page (c   | ptional)  | 1100.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 32 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 1          |
|---|--|--|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN | and Statements may not be sold or used by any persong the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  Mary Ann Knight  Mailing Address 5637 Marine Park  | way  | Date of Receipt  |
| Oth.  | Chata Zin Cada   | 10 29 2008   |
| City<br>New Port Richie   | State Zip Code<br>FL 34656   | Transaction ID: SA11AI.18403  Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.  | C  | 250.00   |
| Name of Employer<br>Community Hospital  | Occupation<br>COO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00  |  |
| Full Name (Last, First, Middle Initial) Ed Lamb   | I  | Date of Receipt  |
| Mailing Address 4831 Southpark E  | Bluff Dr   | 10 29 2008   |
| City Anchorage  | State Zip Code AK 99516  | Transaction ID: SA11AI.18344  Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.  | C  | 1000.00  |
| Name of Employer<br>Alaska Regional   | Occupation<br>CEO  |  |
| Receipt For:  Primary General  Other (specify)  | Aggregate Year-to-Date ▼ 1500.00   |  |
| Full Name (Last, First, Middle Initial) Angela Lambert  | L  | Date of Receipt  |
| Mailing Address 2199 Northumbria  | a Dr   | 10 16 2008   |
| City  | State Zip Code   | Transaction ID: SA11AI.17855   |
| Sanford   | FL 32771   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 500.00   |
| Name of Employer<br>Central Florida Regional<br>Hosp  | Occupation Chief Nursing Officer   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |  |
| SUBTOTAL of Receipts This Page (optic   | nal)   | 1750.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                           | FOR LINE NUMBER: PAGE 33 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any person e name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU   | JND   |   |
| Full Name (Last, First, Middle Initial)  Matthew Leary  |   | Date of Receipt   |
| Mailing Address 4010 SW Granite Lan   |   | 10 24 2008  |
| City<br>Lee's Summit  | State Zip Code<br>MO 64082  | Transaction ID: SA11AI.18053  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.                                      | C   | 350.00  |
| Name of Employer<br>Lee's Summit Med Ctr  | Occupation CFO  | 7   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00   |   |
| Full Name (Last, First, Middle Initial) Robert Lee  | I   | Date of Receipt   |
| Mailing Address 1796 Hwy 441 N  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code  | Transaction ID: SA11AI.18544  |
| Okeechobee  | FL 34972  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | С   | 500.00  |
| Name of Employer<br>Raulerson Hospital  | Occupation CEO  | 7   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |   |
| Full Name (Last, First, Middle Initial) Trent Lind  | I   | Date of Receipt   |
| Mailing Address 119 Oakfield Drive  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code  | Transaction ID: SA11AI.17981  |
| Brandon   | FL 33511  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C   | 500.00  |
| Name of Employer<br>Brandon Regional  | Occupation COO  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |   |
| SUBTOTAL of Receipts This Page (optional) .   |   | 1350.00   |
| TOTAL This Period (last page this line number   | ·   |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                       | FOR LINE NUMBER: PAGE 34 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person<br>ng the name and address of any political committee to |   |
| HCA INC. GOOD GOVERNMENT   | T FUND  |   |
| Full Name (Last, First, Middle Initial) Jackie Lowther   |   | Date of Receipt   |
| Mailing Address 1982 Borchers Dr   | ive   | 11 10 2008  |
| City   | State Zip Code  | Transaction ID: SA11AI.18540  |
| San Jose   | CA 95124  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 250.00  |
| Name of Employer<br>Good Samaritan Hospital  | Occupation CNO  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |   |
| Full Name (Last, First, Middle Initial) Marilyn Mariani  | 1   | Date of Receipt   |
| Mailing Address 2593 W Fern Cir  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |
| City   | State Zip Code  | Transaction ID: SA11AI.18476  |
| West Jordan  | UT 84084  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 350.00  |
| Name of Employer<br>Lakeview Hospital  | Occupation CNO  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00   |   |
| Full Name (Last, First, Middle Initial) Peter Marmerstein  |   | Date of Receipt   |
| Mailing Address 2501 Founders Br   | 10 24 2008  |   |
| City<br><u>Midlothian</u>  | State Zip Code<br>VA 23113  | Transaction ID: SA11AI.18024  Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.   | C   | 1000.00   |
| Name of Employer<br>CJW Medical Center   | Occupation<br>CEO   | 1   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1000.00  |   |
| SUBTOTAL of Receipts This Page (option   | nal)  | 1600.00   |

|                                       | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 62 (check only one)    X  |
|---------------------------------------|--|---|--|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FURTHER PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER | e name and address of any political committee                           | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| ∠<br><b>4</b> .                       | Full Name (Last, First, Middle Initial) Elizabeth Matish   |   | Date of Receipt  |
|                                       | Mailing Address 206 Willeta Drive  | 7.01  | 10 24 2008   |
|                                       | City<br>Richmond   | State Zip Code<br>VA 23221  | Transaction ID: SA11AI.17935  Amount of Each Receipt this Period                               |
|                                       | FEC ID number of contributing federal political committee.   | C   | 300.00   |
|                                       | Name of Employer<br>Henrico Doctors Hospital   | Occupation COO-Parham Campus  |  |
|                                       | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 300.00   |  |
| <br>3.                                | Full Name (Last, First, Middle Initial) Terika Mbanu  Mailing Address 43507 Evian Lane   | 1   | Date of Receipt  |
|                                       |  |   | 11 10 2008   |
|                                       | City<br>Chantilly  | State Zip Code<br>VA 20152  | Transaction ID: SA11AI.18591  Amount of Each Receipt this Period                               |
|                                       | FEC ID number of contributing federal political committee.   | C   | 350.00   |
|                                       | Name of Employer<br>Reston Hosp Ctr  | Occupation Assoc Admin  |  |
|                                       | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00   |  |
| —<br>).                               | Full Name (Last, First, Middle Initial)<br>Ellen McCluggage  | 1   | Date of Receipt  |
|                                       | Mailing Address 2234 Surrey Dr   |   | 10 24 2008   |
|                                       | City<br>Murfreesboro   | State Zip Code<br>TN 37129  | Transaction ID: SA11AI.18162   |
|                                       | FEC ID number of contributing federal political committee.   | C   | Amount of Each Receipt this Period 250.00  |
|                                       | Name of Employer<br>StoneCrest Medical Center  | Occupation CNO  |  |
|                                       | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |  |
|                                       | SUBTOTAL of Receipts This Page (optional) .  | 1   | 900.00   |

## SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                            | FOR LINE NUMBER: PAGE 36 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 1                |
|---|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT I | d Statements may not be sold or used by any per<br>the name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) David W. McClung Mailing Address 14200 Riverdowns 3   | South  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                       |
| City<br>Midlothian  | State Zip Code<br>VA 23113   | Transaction ID: SA11AI.18616   |
| FEC ID number of contributing federal political committee.  | VA 23113   | Amount of Each Receipt this Period  200.00   |
| Name of Employer Portsmouth Regional  Receipt For:  | Occupation CFO  Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 500.00   |  |
| Full Name (Last, First, Middle Initial) Bobby McCullough Mailing Address 1374 Anna Catherin   | ne Dr  | Date of Receipt    M M   |
| City  | State Zip Code   | Transaction ID: SA11AI.17857   |
| Orlando  FEC ID number of contributing federal political committee.   | FL 32828   | Amount of Each Receipt this Period 500.00  |
| Name of Employer<br>Central Florida Regional<br>Hosp  | Occupation Chief Operating Officer   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |  |
| Full Name (Last, First, Middle Initial)<br>Tim McManus  |  |  |
| Mailing Address 5 Birch Cove  |  | 10 24 2008   |
| City  | State Zip Code   | Transaction ID: SA11AI.17925   |
| Gulfport  FEC ID number of contributing federal political committee.  | MS 39503   | Amount of Each Receipt this Period 750.00  |
| Name of Employer<br>Garden Park Med Ctr   | Occupation<br>CEO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00  |  |
| SUBTOTAL of Receipts This Page (optional  | <u> </u>   | 1450.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | for ea  | eparate schedule(s)<br>ch category of the<br>ed Summary Page | FOR LINE NUMBER: PAGE 37 / 62 (check only one)    X            |
|---|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU   | e name and address of a   | old or used by any perso<br>any political committee to       | on for the purpose of soliciting contributions                 |
| Full Name (Last, First, Middle Initial) Gina Melby Mailing Address 135 Remo Place  City Palm Beach Gardens  FEC ID number of contributing federal political committee.  Name of Employer JFK Medical Center   | FL 334 C Occupation CEO   |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)   | Aggregate Year-to-I   | 300.00   | ]  |
| Nancy Melcher  Mailing Address 5005 W. 157th Terrace  City  Overland Park  FEC ID number of contributing federal political committee.  Name of Employer Lee's Summit Medical Ctr  Receipt For: Primary General Other (specify)                              |   | 1 1 1  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Joseph Melchiode  Mailing Address 11764 Del Sur Ave  City  Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer Mountainview Hosp  Receipt For:  Primary General Other (specify) | State Zip on NV 891  C  Occupation COO  Aggregate Year-to-leading | 1 1 1 1  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) .   |   |  | 1150.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 62 (check only one)    X            |
|---|---------------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU   | e name and add                        | not be sold or used by any persongers     dress of any political committee to | on for the purpose of soliciting contributions                 |
| Full Name (Last, First, Middle Initial) Brian Melear Mailing Address 1796 US 441 N  City Okeechobee  FEC ID number of contributing federal political committee.  Name of Employer Raulerson Hospital  Receipt For:  | State FL C Occupatio CNO Aggregate    | Zip Code<br>34972<br>n  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Roland Metivier Mailing Address 10076 Waltzing Lane  City  | State                                 | 350.00<br>Zip Code  | Date of Receipt  10 16 2008  Transaction ID: SA11AI.17785      |
| Seminole  FEC ID number of contributing federal political committee.  Name of Employer Edward White Hospital  Receipt For: Primary General Other (specify)  | C Occupation Presiden Aggregate       |   | Amount of Each Receipt this Period  750.00                     |
| Full Name (Last, First, Middle Initial) James Miller Mailing Address 207 Jimmy Drive  City Crowley  FEC ID number of contributing federal political committee.  Name of Employer Women's & Children's Hosp.  Receipt For: Primary General Other (specify) | State LA  C  Occupatio CFO  Aggregate | Zip Code 70526  n  e Year-to-Date ▼ 225.00                                    | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional)   |                                       | <b>_</b>  | 1125.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b> )       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 62 (check only one)    X              |
|--|------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F | the name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                   |
| Full Name (Last, First, Middle Initial) Kathy Mitchell Mailing Address 6577 Waterford  |                  |   | Date of Receipt  |
| City Sarasota FEC ID number of contributing  | State<br>FL      | Zip Code<br>34238   | Transaction ID: SA11AI.18649  Amount of Each Receipt this Period |
| federal political committee.  Name of Employer Doctors   | Occupatio<br>CNO | n   | 350.00   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate        | Year-to-Date ▼ 350.00   |  |
| Full Name (Last, First, Middle Initial) Patricia J. Monczewski  Mailing Address 305 Breeman Circle   | ,                |   | Date of Receipt  10 24 2008                                      |
| City   | State            | Zip Code  | Transaction ID: SA11AI.18283                                     |
| <u>Lafayette</u>   | LA               | 70508   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.   | С                |   | 350.00   |
| Name of Employer<br>Women's & Children's Hosp-<br>ital   | Occupatio<br>COO |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate        | e Year-to-Date ▼ 350.00   |  |
| Full Name (Last, First, Middle Initial)<br>Darrell Moore   | 1                |   | Date of Receipt  |
| Mailing Address 3201 Enclave Bay D   | Orive            |   | 10 24 2008   |
| City   | State            | Zip Code  | Transaction ID: SA11AI.18212                                     |
| Chattanooga  FEC ID number of contributing federal political committee.  | C                | 37415   | Amount of Each Receipt this Period 500.00                        |
| Name of Employer<br>Parkridge Medical Center   | Occupatio<br>CEO | n   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate        | Year-to-Date ▼ 500.00   |  |
| SUBTOTAL of Receipts This Page (optional   | )                | _   | 1200.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page      | FOR LINE NUMBER: PAGE 40 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                           |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU   | e name and address of any political committee to                             | on for the purpose of soliciting contributions solicit contributions from such committee.                  |
| Full Name (Last, First, Middle Initial) Paul Morris  Mailing Address 17603 Shasta Cir  City  Eagle River  FEC ID number of contributing federal political committee.  Name of Employer Alaska Regional  Receipt For:  Primary General Other (specify)           | State Zip Code AK 99577  C  Occupation CFO  Aggregate Year-to-Date   1000.00 | Date of Receipt  M M Z 9 Z 0 0 8  Transaction ID: SA11AI.18346  Amount of Each Receipt this Period  500.00 |
| Full Name (Last, First, Middle Initial) Donald Murphy  Mailing Address 3756 Bay Tree Rd  City Lynn Haven  FEC ID number of contributing federal political committee.  Name of Employer Gulf Coast Med Ctr  Receipt For: Primary General Other (specify)         | State Zip Code FL 32444  C  Occupation CFO  Aggregate Year-to-Date ▼  500.00 | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) Kavita Narayan  Mailing Address 3938 Kingsley Park Lr  City  Duluth  FEC ID number of contributing federal political committee.  Name of Employer Emory Johns Creek Hosp  Receipt For:  Primary General Other (specify) | State Zip Code GA 30096  C  Occupation COO  Aggregate Year-to-Date  350.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)   | •  | 1350.00  |

| [       | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St.              | atements ma               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|---------|---|---------------------------|---|--|
| \       | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN | name and ad               | dress of any political committee to                                     | solicit contributions from such committee.   |
| A.      | Full Name (Last, First, Middle Initial) Kathy Neely   |                           |   | Date of Receipt  |
|         | Mailing Address 550 North Hillside  |                           |   | 10 16 2008   |
|         | City  | State                     | Zip Code  | Transaction ID: SA11AI.17866   |
|         | Wichita   | KS                        | 67214   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C                         |   | 350.00   |
|         | Name of Employer<br>Wesley Medical Ctr  | Occupation CNO            | on  |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                 | e Year-to-Date ▼<br>350.00  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)  Darrel Neuenschwander  |                           |   | Date of Receipt  |
|         | Mailing Address 18345 Christeph Dr  |                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|         | City  | State                     | Zip Code  | Transaction ID: SA11AI.18542   |
|         | Morgan Hill   | CA                        | 95037   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | С                         |   | 250.00   |
|         | Name of Employer<br>Good Samaritan Hosp   | Occupation                | on  |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                 | e Year-to-Date ▼ 250.00   |  |
| -<br>С. | Full Name (Last, First, Middle Initial) Kevin Orndorff  |                           |   | Date of Receipt  |
|         | Mailing Address 2300 Patterson Street   |                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|         | City  | State                     | Zip Code  | Transaction ID: SA11AI.18391   |
|         | Nashville   | TN                        | 37203   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C                         |   | 500.00   |
|         | Name of Employer<br>TriStar/Centennial  | Occupation Administration | on<br>trator of CV Services   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                 | e Year-to-Date ▼ 500.00   |  |
|         | SUBTOTAL of Receipts This Page (optional)   |                           |   | 1100.00  |
| ı       |   |                           |   | -  |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                             | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 42 / 62 (check only one)    X   11a                                   |
|---------|---|-----------------------------|---|---|
| C C     | ny information copied from such Reports and S<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| /       | HCA INC. GOOD GOVERNMENT FU   | ND                          |   |   |
| ۸.      | Full Name (Last, First, Middle Initial) Richard Patterson  Mailing Address 237 Twin Pines Lane                                  |                             |   | Date of Receipt   |
|         | City  | State                       | Zip Code  | 1 0 2 4 2 0 0 8<br>Transaction ID: SA11AI.18301   |
|         | <u>Frankfort</u>  | KY                          | 40601   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                           |   | 350.00  |
|         | Name of Employer<br>Frankfort Regional  | Occupatio<br>CFO            | n   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 350.00   |   |
| _<br>3. | Full Name (Last, First, Middle Initial) Ricardo Pavon   |                             |   | Date of Receipt   |
|         | Mailing Address 5869 NW 108 Place   |                             |   | 10 16 2008  |
|         | City  | State                       | Zip Code  | Transaction ID: SA11Al.17922  |
|         | <u>Miami</u>  | FL                          | 33178   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                           |   | 250.00  |
|         | Name of Employer<br>Kendall Reg Med Ctr   | Occupation CFO              | n   |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate                   | e Year-to-Date ▼<br>250.00  |   |
| _<br>). | Full Name (Last, First, Middle Initial)<br>Chip Peal  | l                           |   | Date of Receipt   |
|         | Mailing Address 112 Wheeler Dr  |                             |   | 10 24 2008  |
|         | City  | State                       | Zip Code  | Transaction ID: SA11AI.18322  |
|         | Frankfort   | KY                          | 40601   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                           |   | 750.00  |
|         | Name of Employer<br>Frankfort Regional  | Occupatio<br>CEO            | n   |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate                   | e Year-to-Date ▼ 750.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   | 1                           |   | 1350.00   |
| F       | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

|            | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 43 / 62 (check only one)  X 11a 11b 11c 12   |
|------------|--|---|--|
| P<br>C     | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may not be sold or used by any person<br>ename and address of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. |
|            | NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FU   | ND  |  |
| <b>A</b> . | Full Name (Last, First, Middle Initial) Thomas Pentz   |   | Date of Receipt  |
|            | Mailing Address 142 Godfrey Rd   |   | 10 24 2008   |
|            | City   | State Zip Code  | Transaction ID: SA11AI.18007   |
|            | Edgewater  | FL 32141  | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.   | C   | 1000.00  |
|            | Name of Employer<br>Orange Park Med Ctr  | Occupation CEO  |  |
|            | Receipt For:  Primary  General  Other (specify)  | Aggregate Year-to-Date ▼ 1000.00  |  |
| <br>3.     | Full Name (Last, First, Middle Initial) Paul Pfeiffer  |   | Date of Receipt  |
|            | Mailing Address 3141 Featherwood Ct  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|            | City   | State Zip Code  | Transaction ID: SA11AI.18132   |
|            | Clearwater   | FL 33759  | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.   | C   | 250.00   |
|            | Name of Employer<br>Largo Medical Center   | Occupation Pharmacy Director  |  |
|            | Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼  250.00  |  |
| _<br>).    | Full Name (Last, First, Middle Initial) William Piche`   |   | Date of Receipt  |
|            | Mailing Address 14118 Saratoga Avenu   | ue  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|            | City<br><u>Saratoga</u>  | State Zip Code CA 95070   | Transaction ID: SA11AI.18539  Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.   | C   | 1000.00  |
|            | Name of Employer<br>Good Samaritan Hosp.   | Occupation CEO  |  |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1000.00  |  |
|            | SUBTOTAL of Receipts This Page (optional)  |   | 2250.00  |

| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | n for the nurness of coliciting contributions   |
|--|---|---|
| HCA INC. GOOD GOVERNMENT F   |   | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) Tim Prestridge Mailing Address 116 Sunshine Dr  City Lewisburg FEC ID number of contributing federal political committee.  Name of Employer Alleghany Regional | State Zip Code WV 24901  C Occupation CFO   | Date of Receipt  10 29 2008  Transaction ID: SA11AI.18374  Amount of Each Receipt this Period  250.00 |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |   |
| Full Name (Last, First, Middle Initial) John Quinlivan Mailing Address 1245 Bay Pointe Te City   | r State Zip Code  | Date of Receipt  1 0 2 4 2 0 0 8  Transaction ID: SA11AI.18259  |
| Alpharetta  FEC ID number of contributing federal political committee.  Name of Employer   | GA 30005  C Occupation  | Amount of Each Receipt this Period 750.00   |
| Emory Johns Creek Hosp  Receipt For:  Primary General  Other (specify) ▼   | CEO Aggregate Year-to-Date ▼ 750.00   | ]   |
| Full Name (Last, First, Middle Initial) Jane Raymond Mailing Address 20338 Clifton Points  | Street  | Date of Receipt   |
| City Potomac Falls FEC ID number of contributing   | State Zip Code<br>VA 20165  | Transaction ID: SA11AI.18596  Amount of Each Receipt this Period                                      |
| federal political committee.  Name of Employer Reston Hospital   | Occupation COO  | 500.00  |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |   |
| SUBTOTAL of Receipts This Page (optional   | · · · · · · · · · · · · · · · · · · ·   | 1500.00   |

|    | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 62 (check only one)    X   11a                                   |
|----|--|----------------|---|---|
| 7  | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FU | e name and add | not be sold or used by any pers<br>ress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| _  | Full Name (Last, First, Middle Initial)  | טאט            |   | Data of Bassist   |
| Α. | Michael Rembis  Mailing Address 19265 Allendale Dr   |                |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                    |
|    | City   | State<br>CA    | Zip Code  | Transaction ID: SA11AI.18519  |
|    | Tarzana FEC ID number of contributing federal political committee.   | C              | 91356   | Amount of Each Receipt this Period  1000.00   |
|    | Name of Employer<br>Riverside Community Hosp   | Occupation     | 1   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>1000.00   |   |
| В. | Full Name (Last, First, Middle Initial) Heather Rohan Mailing Address 1616 Breakers W Blv  | d              |   | Date of Receipt   |
|    | Maining Address 1010 Bleakers VV BIV   | u<br>          |   | 10 24 2008  |
|    | City   | State<br>FL    | Zip Code  | Transaction ID: SA11AI.18083  |
|    | West Palm Beach  FEC ID number of contributing federal political committee.  | C              | 33411   | Amount of Each Receipt this Period 750.00   |
|    | Name of Employer<br>Aventura Hospital  | Occupation CEO | 1   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate      | Year-to-Date ▼ 750.00   |   |
| c. | Full Name (Last, First, Middle Initial)<br>Richard Satcher   |                |   | Date of Receipt   |
|    | Mailing Address 1971 Muirfield Way   |                |   | 10 24 YYYY<br>2008  |
|    | City<br>Oldsmar  | State<br>FL    | Zip Code  | Transaction ID: SA11AI.18098  |
|    | FEC ID number of contributing federal political committee.   | C              | 34677   | Amount of Each Receipt this Period  1000.00   |
|    | Name of Employer<br>Largo Medical Center   | Occupation     | 1   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate      | Year-to-Date ▼ 1000.00  |   |
|    | SUBTOTAL of Receipts This Page (optional) .  | 1              |   | 2750.00   |
|    | TOTAL This Period (last page this line numbe   | r only)        |   |   |

В.

C.

| COUEDING A /FEC Form 2V)   |                |   | FOR LINE NUMBER: PAGE 46 / 62   |
|--|----------------|---|---|
| SCHEDULE A (FEC Form 3X)   |                | Use separate schedule(s)  | (check only one)  |
| ITEMIZED RECEIPTS  |                | for each category of the<br>Detailed Summary Page                         | X 11a 11b 11c 12  |
|  |                | Detailed Summary Page   | 13 14 15 16 17  |
| Any information copied from such Reports and Si or for commercial purposes, other than using the | tatements may  | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  |                |   |   |
| HCA INC. GOOD GOVERNMENT FUN   | ND             |   |   |
| Full Name (Last, First, Middle Initial) William J. Schuler                                       |                |   | Date of Receipt   |
| Mailing Address 333 Borthwick Ave  |                |   | 10 16 7 2008  |
| City   | State          | Zip Code  | Transaction ID: SA11AI.17882  |
| Portsmouth   | NH             | 03801   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                       | C              |   | 300.00  |
| Name of Employer<br>Portsmouth Reg Hosp.   | Occupation CEO | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate      | Year-to-Date ▼ 300.00   |   |
| Full Name (Last, First, Middle Initial) Kristy Alicia Schulhof                                   |                |   | Date of Receipt   |
| Mailing Address 119 Oakfield Drive   |                |   | 10 24 2008  |
| City   | State          | Zip Code  | Transaction ID: SA11AI.17987  |
| Brandon  | FL             | 33511   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                       | C              |   | 500.00  |
| Name of Employer<br>Brandon Regional   | Occupation     | n   |   |
| Receipt For:   | Aggregate      | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |                | 500.00  |   |
| Full Name (Last, First, Middle Initial)<br>Chuck Schwaner  |                |   | Date of Receipt   |
| Mailing Address 1198 Bayshore Drive  |                |   | 10 29 7 2008  |
| City   | State          | Zip Code  | Transaction ID: SA11AI.18356  |
| Englewood  | FL             | 34223   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                       | C              |   | 350.00  |
| Name of Employer<br>Doctors Hospital   | Occupation     | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate      | Year-to-Date ▼ 350.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                |   | 1150.00   |

| TEMIZED RECEIPTS    To each category of the Detailed Summary Page   | 47 / 62            | FOR LINE NUMBER: PAGE 47 / 6 (check only one)  | Use separate schedule(s)   | A (FEC Form 3X)   | SCHEDULE A (F                             | S         |
|---|--------------------|--|--|---|---|-----------|
| NAME OF COMMITTEE (in Full) HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) Gary Searls Mailing Address 6000 49th St North  City St. Petersburg FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital  Receipt For: Primary Other (specify) ▼  State  City State Sam Serrill Mailing Address 550 N Hillside  City State City State City State City State City State Cocupation CFO Receipt For: Primary Other (specify) ▼  Date of Receipt this  Date of Receipt Tor.  Amount of Each Receipt this  Date of Receipt Tor.  Amount of Each Receipt this  Date of Receipt Tor.  Amount of Each Receipt this  Date of Receipt Tor.  Amount of Each Receipt this  Date of Receipt Tor.  Amount of Each Receipt this  Primary Other (specify) ▼  State  City State Date of Receipt  Transaction ID: SA11AL.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AL.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AL.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AL.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AL.1  Amount of Each Receipt this   | 12<br>16  1        | X 11a 11b 11c 12   | ,  | ECEIPTS   | ITEMIZED RECE                             | I         |
| HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) Gary Searls  Mailing Address 6000 49th St North  City St. Petersburg FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital  City State  City Sta | outions<br>nittee. | for the purpose of soliciting contribution colicit contributions from such committee | y not be sold or used by any persor<br>dress of any political committee to | ied from such Reports and Statements marposes, other than using the name and ac | Any information copied from               | 0         |
| A. Gary Searls  Mailing Address 6000 49th St North  City St. Petersburg FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital Other (specify) ▼  FUII Name (Last, First, Middle Initial) Sam Sørrill  Mailing Address 550 N Hillside  City State Zip Code KS 67214  FEC ID number of contributing federal political committee.  City State Zip Code KS 67214  FEC ID number of contributing federal political committee.  City State Zip Code KS 67214  FEC ID number of contributing federal political committee.  Name of Employer Wesley Medical Center  Co Receipt For: Primary General Other (specify) ▼  Coccupation CO  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City State Zip Code Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Aggregate Vear-to-Date  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Aggregate Year-to-Date  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Aggregate Year-to-Date  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Aggregate Year-to-Date  Transaction ID: SA11AI.1  Amount of Each Receipt this  Transaction ID: SA11AI.1  Amount of Each Receipt this  |                    |  |  | , ,   | <b>\</b>                                  |           |
| City State Zip Code St. Petersburg FL 33709  FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital Other (specify) ▼  Full Name (Last, First, Middle Initial) Sam Serrill  Mailing Address 550 N Hillside  City State Zip Code KS 67214  FEC ID number of contributing federal political committee.  Name of Employer Occupation CFO  Receipt For: Primary General Other (specify) ▼  State Zip Code Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt this  Date of Receipt this  FEC ID number of contributing federal political committee.  Date of Receipt Tor: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  |                    | Date of Receipt  |  | First, Middle Initial)  |   | . ∠<br>4. |
| St. Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital  CFO  Receipt For:  Primary General Other (specify) ▼  State Zip Code KS 67214  FEC ID number of contributing federal political committee.  Name of Employer Northside Initial)  Sam Serrill Mailing Address 550 N Hillside  City State Zip Code KS 67214  FEC ID number of contributing federal political committee.  Name of Employer Nesley Medical Center  Receipt For:  Primary General Occupation COO  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  James Sherman  Mailing Address 5450 Fairgrange Dr.  City State Zip Code  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  James Sherman  Mailing Address 5450 Fairgrange Dr.  City State Zip Code  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  FEC ID number of contributing federal political committee.   | 2008               |  |  | 6000 49th St North  | Mailing Address 600                       |           |
| FEC ID number of contributing federal political committee.  Name of Employer Northside hospital  Receipt For:    Primary   General   Ge | 452                | Transaction ID: SA11AI.18452   | Zip Code   |   | -   |           |
| Name of Employer Northside Hospital  Receipt For:    Primary  | eriod              | Amount of Each Receipt this Period   | 33709  | <u> </u>  | St. Petersburg                            |           |
| Receipt For:  | 500.00             | 500.0  |  |   |   |           |
| Primary   |                    | 1  | n  | er Occupati<br>al CFO   | Name of Employer<br>Northside Hospital    |           |
| Sam Serrill  Mailing Address 550 N Hillside  City  State Zip Code  KS 67214  Transaction ID: SA11Al.1  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  CC  Receipt For:  Primary General Other (specify) ▼  CITY  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City  Aggoura Hills  CA 91301  Date of Receipt  Transaction ID: SA11Al.1  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11Al.1  Amount of Each Receipt  M M M / D D / Y T T T T T T T T T T T T T T T T T T  |                    |  |  | General   | Primary                                   |           |
| Mailing Address 550 N Hillside  City State Zip Code KS 67214  FEC ID number of contributing federal political committee.  Name of Employer Wesley Medical Center  Primary General Other (specify) ▼  City State Zip Code  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  James Sherman  Mailing Address 5450 Fairgrange Dr.  City State Zip Code  Agoura Hills  CA 91301  Amount of Each Receipt this  Transaction ID: SA11AI.1  Amount of Each Receipt this  Transaction ID: SA11AI.1  Amount of Each Receipt this  C Transaction ID: SA11AI.1  Amount of Each Receipt this  |                    | Date of Receipt  |  | First, Middle Initial)  |   | _<br>R    |
| Wichita  KS 67214  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer Wesley Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Agoura Hills  CA 91301  Amount of Each Receipt this  Transaction ID: SA11AI.1  Amount of Each Receipt this  | 2008               | M M / D D / Y Y Y  |  | 550 N Hillside  |   | •         |
| FEC ID number of contributing federal political committee.  Name of Employer Wesley Medical Center  Occupation COO  Receipt For: Primary General Other (specify) General Other (specify) State Zip Code Transaction ID: SA11AI.1  Agoura Hills CA 91301  Date of Receipt Transaction ID: SA11AI.1  Amount of Each Receipt this federal political committee.   | 868                | Transaction ID: SA11AI.17868   | •  |   |   |           |
| Name of Employer Wesley Medical Center  Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City State Agoura Hills  FEC ID number of contributing federal political committee.  Coccupation COO  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  | <sup>2</sup> eriod | Amount of Each Receipt this Period   | 67214  |   | •   |           |
| Wesley Medical Center  COO  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Agoura Hills CA 91301  Agoura Hills  FEC ID number of contributing federal political committee.  COO  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI.1  Amount of Each Receipt this  | 500.00             | 500.0  |  |   |   |           |
| Primary General Other (specify) ▼  Solution  Full Name (Last, First, Middle Initial) James Sherman  Mailing Address 5450 Fairgrange Dr.  City Agoura Hills  CA 91301  Amount of Each Receipt this  FEC ID number of contributing federal political committee.   |                    | ]  | n  |   | Name of Employer<br>Wesley Medical Center |           |
| Mailing Address 5450 Fairgrange Dr.  City State Zip Code Transaction ID: SA11AI.1  Agoura Hills CA 91301  FEC ID number of contributing federal political committee.  |                    |  |  | General   | Primary                                   |           |
| Mailing Address 5450 Fairgrange Dr.  City State Zip Code Transaction ID: SA11AI.1  Agoura Hills CA 91301  FEC ID number of contributing federal political committee.  |                    | Date of Receipt  |  | First, Middle Initial)  |   |           |
| Agoura Hills  CA 91301  Amount of Each Receipt this FEC ID number of contributing federal political committee.  | 2008               | M M / D D / Y Y Y  |  | 5450 Fairgrange Dr.   | Mailing Address 545                       |           |
| FEC ID number of contributing federal political committee.  |                    | Transaction ID: SA11AI.18517   | •  |   | -   |           |
| federal political committee.  | 1 1 1              |  | 91301  |   |   |           |
|   | 000.00             | 1000.0   |  |   |   |           |
| Name of Employer Los Robles  Occupation CEO   |                    |  | n  | er Occupati<br>CEO  | Name of Employer<br>Los Robles            |           |
| Receipt For:  Primary  Other (specify)   Aggregate Year-to-Date   1000.00   |                    |  |  | General   | Primary                                   |           |
| SUBTOTAL of Receipts This Page (optional)   | 00.00              | 2000.0   | <b>)</b>   | Leipts This Page (optional)   | SUBTOTAL of Receipts                      |           |

| SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 62 (check only one)  X 11a 11b 11c 12 |
|--|------------------|---|--|
| Any information copied from such Reports and   | Statements may   | , ,   | 13 14 15 16  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the | ne name and add  | dress of any political committee to                                     | o solicit contributions from such committee.                     |
| NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F   | UND              |   |  |
| Full Name (Last, First, Middle Initial) Barbara Simmons  |                  |   | Date of Receipt  |
| Mailing Address 1961 SW 52nd Ave   |                  |   | 10 24 2008   |
| City   | State            | Zip Code  | Transaction ID: SA11AI.18074                                     |
| Plantation   | FL               | 33317   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                       | C                |   | 1000.00  |
| Name of Employer<br>Plantation General Hospit-   | Occupatio<br>CEO | n   |  |
| Receipt For:   |                  | e Year-to-Date ▼  |  |
| Primary General Other (specify) ▼  | 33 33            | 1000.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mark Sims   |                  |   | Date of Receipt  |
| Mailing Address 427 Bald Eagle Cir   |                  |   | 10 24 2008   |
| City   | State            | Zip Code  | Transaction ID: SA11AI.18213                                     |
| Chattanooga  | TN               | 37419   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                       | C                |   | 750.00   |
| Name of Employer<br>Parkridge East Hosp  | Occupatio<br>CEO | n   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate        | e Year-to-Date ▼ 750.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mauricio Sirvent                                      |                  |   | Date of Receipt  |
| Mailing Address 14701 Kirsten Court  |                  |   | 10 16 2008   |
| City   | State            | Zip Code  | Transaction ID: SA11AI.17907                                     |
| <u>Davie</u>   | FL               | 33325   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                       | C                |   | 500.00   |
| Name of Employer<br>Kendall Regional Med Ctr   | Occupatio<br>CEO | n   |  |
| Receipt For:   | Aggregate        | e Year-to-Date ▼  |  |
| Primary General Other (specify) ▼  | 0 0              | 500.00  |  |
|  |                  |   | 2250.00  |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate<br>for each categ<br>Detailed Sumi | ory of the                              | FOR LINE NUMBER: PAGE 49 / 62 (check only one)  X 11a 11b 11c 12 15 16 17              |
|------------|--|---|---|--|
| 7          | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU | name and address of any politic                 | sed by any person<br>cal committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
| <b>A</b> . | Full Name (Last, First, Middle Initial) Nicole Slaughter Mailing Address 7201 N University Dr  | State Zip Code                                  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
|            | City Tamarac  FEC ID number of contributing federal political committee.   | FL 33321  |   | Amount of Each Receipt this Period  350.00   |
|            | Name of Employer University Hospital  Receipt For:  Primary General Other (specify) ▼  | Occupation CFO  Aggregate Year-to-Date          | 350.00                                  |  |
| -<br>В.    | Full Name (Last, First, Middle Initial)  Mickey Smith  Mailing Address 110 SW 5th Terr   |   |   | Date of Receipt  |
|            | City  Crystal River  FEC ID number of contributing federal political committee.  | State Zip Code<br>FL 34429                      | '                                       | Transaction ID: SA11AI.18195  Amount of Each Receipt this Period  1000.00              |
|            | Name of Employer Oak Hill Hospital  Receipt For:   | Occupation CEO                                  |   |  |
|            | Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼                        | 1000.00                                 |  |
| С.         | Full Name (Last, First, Middle Initial) Rodney R. Smith  Mailing Address 525 Broadoak Loop   |   |   | Date of Receipt  |
|            | City<br>Sanford  | State Zip Code<br>FL 32771                      |   | Transaction ID: SA11AI.17792  Amount of Each Receipt this Period                       |
|            | FEC ID number of contributing federal political committee.   | C   |   | 1000.00  |
|            | Name of Employer<br>Lawnwood Reg Med Ctr   | Occupation<br>CEO                               |   |  |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼                        | 1000.00                                 |  |
|            | SUBTOTAL of Receipts This Page (optional)  |   | <b>)</b>                                | 2350.00  |
|            | TOTAL This Period (last page this line number  | only)   | <b>_</b>                                |  |

|                     | IEDULE A (FEC Form 3X)  MIZED RECEIPTS  |                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 62 (check only one)    X   11a        |
|---------------------|---|---------------------|---|--|
| or for              | formation copied from such Reports and Sta<br>commercial purposes, other than using the r<br>ME OF COMMITTEE (In Full)<br>CA INC. GOOD GOVERNMENT FUN | name and add        | y not be sold or used by any perso<br>dress of any political committee to     | n for the purpose of soliciting contributions                    |
| <b>4.</b> <u>Ed</u> | I Name (Last, First, Middle Initial) Stojakovich iling Address 638 Nalls Farm Way   |                     |   | Date of Receipt  |
|                     | <u> </u>  | State<br>VA         | Zip Code<br>22066   | Transaction ID: SA11AI.18609  Amount of Each Receipt this Period |
| fed                 | leral political committee.  me of Employer ston Hospital  | Occupatio<br>CFO    | n   | 500.00   |
| Re                  | ceipt For: Primary General Other (specify)  | Aggregate           | e Year-to-Date ▼ 500.00   |  |
| <b>B.</b> Ma        | I Name (Last, First, Middle Initial) ry Lynn Swartz illing Address 3683 W Lake Estate Dr  |                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
| Cit<br>Da           | y<br>avie   | State<br>FL         | Zip Code<br>33328   | Transaction ID: SA11AI.18159  Amount of Each Receipt this Period |
| FE                  | C ID number of contributing leral political committee.  | C                   |   | 250.00   |
| Na<br>W             | me of Employer<br>estside Regional  | Occupatio<br>CEO    | n   |  |
| Re                  | ceipt For: Primary General Other (specify) ▼  | +                   | e Year-to-Date ▼<br>250.00  |  |
| Ka_Ka               | I Name (Last, First, Middle Initial)<br>ren Swim  |                     |   | Date of Receipt  |
| Ma<br>              | iling Address 555 Kathryn Place Road  | t                   |   | 10 16 7 2008   |
| Cit<br>Ar           | y<br>opling   | State<br>GA         | Zip Code<br>30802   | Transaction ID: SA11AI.17790  Amount of Each Receipt this Period |
| FE                  | C ID number of contributing leral political committee.  | C                   |   | 500.00   |
| Na<br>Do            | me of Employer<br>ctors Hospital Augusta  | Occupatio<br>VP-CNO |   |  |
| Re                  | ceipt For: Primary General Other (specify) ▼  | Aggregate           | e Year-to-Date ▼ 500.00   |  |
| SUB                 | FOTAL of Receipts This Page (optional)  |                     | <b>)</b>  | 1250.00  |
| тоти                | AL This Period (last page this line number o  | nly)                |   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                           | FOR LINE NUMBER: PAGE 51 / 62 (check only one)    X              |
|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any personal statements and address of any political committee to |  |
| HCA INC. GOOD GOVERNMENT F  Full Name (Last, First, Middle Initial)  | UND   |  |
| Hugh Tappan Mailing Address 550 N Hillside   |   | Date of Receipt  1 0 1 6 2 0 0 8                                 |
| City<br>Wichita  | State Zip Code<br>KS 67214  | Transaction ID: SA11AI.17861  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C   | 1000.00  |
| Name of Employer<br>Wesley Medical Ctr   | Occupation President & CEO  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1000.00  |  |
| Full Name (Last, First, Middle Initial) Mike Terrell   |   | Date of Receipt  |
| Mailing Address 101 South 12th Stree   | 10 24 7 2008  |  |
| City   | State Zip Code  | Transaction ID: SA11AI.17990                                     |
| Tampa  | FL 33602  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.   | C   | 500.00   |
| Name of Employer<br>Brandon Regional   | Occupation CFO  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00   | ]  |
| Full Name (Last, First, Middle Initial) James Thweatt  | -   | Date of Receipt  |
| Mailing Address One ARH Lane   |   | 10 29 7 2008   |
| City<br>Low Moor   | State Zip Code VA 24457   | Transaction ID: SA11AI.18360  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C   | 750.00   |
| Name of Employer<br>Alleghany Reg Hosp   | Occupation<br>Interim CEO   |  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 750.00   | ]  |
| SUBTOTAL of Receipts This Page (optional)  | ·····   | 2250.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 52 / 62 (check only one)    X                                       |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |  |  |
| HCA INC. GOOD GOVERNMENT FI  | JND  |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Keith Tintle                         |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 750 West 800 N   |  | 10 29 2008  |  |  |  |  |  |
| City   | State Zip Code   | Transaction ID: SA11AI.18330  |  |  |  |  |  |
| Orem   | UT 84057   | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C  | 300.00  |  |  |  |  |  |
| Name of Employer<br>Timpanogos Regional Med.<br>Ctr.                         | Occupation CEO   |   |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |  |  |  |  |  |
| Primary General Other (specify) ▼  | 300.00   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Timothy C. Tobin                     |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 10300 Spotsylvania   | Mailing Address 10300 Spotsylvania Ave, Ste 130  |   |  |  |  |  |  |
| City   | State Zip Code   | Transaction ID: SA11Al.17806  |  |  |  |  |  |
| Fredericksburg   | VA 22408   | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C  | 800.00  |  |  |  |  |  |
| Name of Employer<br>Spotsylvania Reg Med Ctr                                 | Occupation President & CEO   |   |  |  |  |  |  |
| Receipt For: Primary General   | Aggregate Year-to-Date ▼   |   |  |  |  |  |  |
| Other (specify)  | 800.00   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Jerri Underwood                      |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 6931 Lakeshore Driv  | е  | 10 24 2008  |  |  |  |  |  |
| City   | State Zip Code   | Transaction ID: SA11AI.18210  |  |  |  |  |  |
| Chattanooga  | TN 37416   | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C  | 500.00  |  |  |  |  |  |
| Name of Employer<br>Parkridge Med. Ctr.                                      | Occupation CNE   |   |  |  |  |  |  |
| Receipt For:  Primary General  | Aggregate Year-to-Date ▼   |   |  |  |  |  |  |
| Other (specify)  | 500.00   |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                    |  | 1600.00   |  |  |  |  |  |
|  | er only)   |   |  |  |  |  |  |

В.

C.

| SCHEDIII E A (EEC Form 2V)  |                              |   | FOR LINE NUMBER: PAGE 53 / 62   |  |  |  |  |  |  |  |  |  |
|---|------------------------------|---|---|--|--|--|--|--|--|--|--|--|
| SCHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)  | (check only one)  |  |  |  |  |  |  |  |  |  |
| ITEMIZED RECEIPTS   |                              | for each category of the<br>Detailed Summary Page                     | X 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |
|   |                              | Detailed Suffilliary Fage   | 13 14 15 16 17  |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                              |   |   |  |  |  |  |  |  |  |  |  |
| HCA INC. GOOD GOVERNMENT FL   | JND                          |   |   |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Lisa Valentine  |                              |   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 1602 Skipwith Rd  |                              |   | 10 24 2008  |  |  |  |  |  |  |  |  |  |
| City  | State                        | Zip Code  | Transaction ID: SA11AI.17944  |  |  |  |  |  |  |  |  |  |
| Richmond  | VA                           | 23229   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C                            |   | 500.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer<br>Henrico Doctors Hospital  | Occupatio<br>COO - F         | n<br>orest Campus   |   |  |  |  |  |  |  |  |  |  |
| Receipt For:  Primary General   | Aggregate                    | Year-to-Date ▼  | 1   |  |  |  |  |  |  |  |  |  |
| Other (specify) ▼   | 0 0                          | 500.00  |   |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Helen Vos  | •                            |   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 3136 Waterside  |                              |   | 10 16 2008  |  |  |  |  |  |  |  |  |  |
| City  | State                        | Zip Code  | Transaction ID: SA11AI.17845  |  |  |  |  |  |  |  |  |  |
| Las Vegas   | NV                           | 89117   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C                            |   | 300.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer<br>MountainView Hospital   | Occupatio CNO                | n   |   |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |  |  |  |  |  |  |  |  |  |
| Primary General Other (specify) ▼   |                              | 300.00  |   |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) William O. Wagnon                                       |                              |   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 2016 Redbird Dr   |                              |   | 10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |  |  |  |  |  |  |
| City  | State                        | Zip Code  | Transaction ID: SA11AI.17839  |  |  |  |  |  |  |  |  |  |
| Las Vegas   | NV                           | 89134   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C                            |   | 250.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer<br>Mountainview Hospital   | Occupatio<br>CEO             | n   |   |  |  |  |  |  |  |  |  |  |
| Receipt For: Primary General  | Aggregate                    | e Year-to-Date ▼ 250.00   | 1   |  |  |  |  |  |  |  |  |  |
| Other (specify) ▼   | 0 0                          |   | 1050.00   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).  |                              | ·····   | 1030.00   |  |  |  |  |  |  |  |  |  |

|            | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Matana         | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 62 (check only one)    X                                       |
|------------|---|----------------|---|---|
| \<br>\     | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  HCA INC. GOOD GOVERNMENT FUI | name and add   | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <b>A</b> . | Full Name (Last, First, Middle Initial) Benjamin Warner Mailing Address 3309 Pemberton Cross  | sing Ct        |   | Date of Receipt  1 0 2 4 2 0 0 8  |
|            | City  | State          | Zip Code  | Transaction ID: SA11AI.17951  |
|            | Richmond  | VA             | 23294   | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.  | C              |   | 500.00  |
|            | Name of Employer<br>Henrico Doctors Hospital  | Occupation CNO | ı   |   |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate      | Year-to-Date ▼ 500.00   |   |
| -<br>В.    | Full Name (Last, First, Middle Initial)<br>Bud Wethington   |                |   | Date of Receipt   |
|            | Mailing Address 239 Byron Ridge Dr  |                |   | 10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|            | City  | State          | Zip Code  | Transaction ID: SA11AI.18063  |
|            | Albany  | GA             | 31721   | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.  | C              |   | 750.00  |
|            | Name of Employer<br>Palmyra Medical Ctr   | Occupation CEO | 1   |   |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate      | Year-to-Date ▼ 750.00   |   |
| с.<br>С.   | Full Name (Last, First, Middle Initial)<br>Norman Wilder  |                |   | Date of Receipt   |
|            | Mailing Address 10201 Sidorof Ln  |                |   | 10 29 2008  |
|            | City<br>Anchorage   | State<br>AK    | Zip Code<br>99507   | Transaction ID: SA11AI.18347  Amount of Each Receipt this Period                          |
|            | FEC ID number of contributing federal political committee.  | C              |   | 500.00  |
|            | Name of Employer<br>Alaska Reg Hosp   | Occupation CMO | ı   |   |
|            | Receipt For:  Primary General  Other (specify) ▼  |                | Year-to-Date ▼ 500.00   |   |
|            | SUBTOTAL of Receipts This Page (optional)   |                |   | 1750.00   |

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 55 / 62 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Devon Wright Date of Receipt Mailing Address 7201 N University Dr 10 2008 City State Zip Code Transaction ID: SA11AI.18499 **Tamarac** FL 33321 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer University Hospital Occupation CNO Receipt For: Aggregate Year-to-Date Primary General 350.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 350.00   |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 71925.00 |

| _               |  |                          |   | FOR LINE NUMBER: PAGE 56 / 62  |
|-----------------|--|--------------------------|---|--|
| 5               | CHEDULE A (FEC Form 3X)  |                          | Use separate schedule(s)  | (check only one)   |
| IT              | EMIZED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page                         | 11a 11b 11c 12<br>13 14 15 16 X 17   |
| Ar<br>or        | ny information copied from such Reports and State<br>for commercial purposes, other than using the nar | ements may<br>me and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                          |   |  |
| $\rangle$       | HCA INC. GOOD GOVERNMENT FUND  |                          |   |  |
|                 | Full Name (Last, First, Middle Initial)<br>Suntrust Bank   |                          |   | Date of Receipt  |
|                 | Mailing Address P.O. Box 622227  |                          |   | 10 16 2008   |
|                 | City   | State                    | Zip Code  | Transaction ID: SA17.18651   |
|                 | Orlando  | FL                       | 32862-2227  | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.   | C                        |   | 186.12   |
|                 | Name of Employer   | Occupation               | n   | bank interest income   |
|                 | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                | Year-to-Date ▼ 4527.34  |  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 186.12 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <b></b>  | 186.12 |

State:

A.

## **SCHEDULE B (FEC Form 3X)**

District:

FOR LINE NUMBER: PAGE 57 / 62 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.18652 Suntrust Bank Date of Disbursement 2 1 1<sup>™</sup>0 2008 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 197.52 Purpose of Disbursement account analysis fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

| SUBTOTAL of Disbursements This Page (optional)      | •        | 197.52 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <u> </u> | 197.52 |

| S  | CHEDULE B (FEC Form 3X)   | Use separate schedule(s                          | 1                 | E NUMBER: PAGE 58 / 62                          |             |  |  |  |  |  |  |
|----|---|--|-------------------|---|-------------|--|--|--|--|--|--|
| IT | EMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page   | check of 21b      | only one)22                                     | ☐ 26        |  |  |  |  |  |  |
|    |   | Detailed Suffiffacty Page                        | 27                | 28a 28b 28c 29                                  |             |  |  |  |  |  |  |
|    | ny Information copied from such Reports and Staten<br>for commercial purposes, other than using the nam |  |                   |   |             |  |  |  |  |  |  |
| V  | NAME OF COMMITTEE (In Full)   | e and address of any pointica                    | ii committee to   | Solicit Contributions from Such Confinite       | <del></del> |  |  |  |  |  |  |
|    | HCA INC. GOOD GOVERNMENT FUND   |  |                   |   |             |  |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)   |  |                   | Transaction ID: SB23.18664                      |             |  |  |  |  |  |  |
| Α. | CHAMBLISS FOR SENATE  |  |                   | Date of Disbursement                            | / * V       |  |  |  |  |  |  |
|    | Mailing Address POST OFFICE BOX 124   | 69   |                   | 111 D D D Y Y 200                               | 8           |  |  |  |  |  |  |
|    | City<br>ATLANTA   | State Zip Code<br>GA 30355                       |                   | Amount of Each Disbursement this                |             |  |  |  |  |  |  |
|    | Purpose of Disbursement campaign  |  | 5000.             | .00   |             |  |  |  |  |  |  |
|    | Candidate Name CHAMBLISS FOR SENATE   |  | Category/<br>Type |   |             |  |  |  |  |  |  |
|    |   | ment For: 2008                                   | 1,700             |   |             |  |  |  |  |  |  |
|    | X Senate President X  | Primary General Other (specify)                  |                   |   |             |  |  |  |  |  |  |
|    | State: GA District: 00 Runoff   |  |                   |   |             |  |  |  |  |  |  |
| В. | Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS INC.                                       |  |                   | Transaction ID: SB23.18653                      |             |  |  |  |  |  |  |
|    | COFFINAN FOR CONGRESS INC.  |  |                   | Date of Disbursement                            | ( Y         |  |  |  |  |  |  |
|    | Mailing Address 9249 South Broadway B #200-501  | vd.  |                   | 10 M / 22 / Y 200                               | 0 8         |  |  |  |  |  |  |
|    | City<br>Highlands Ranch   | State Zip Code<br>CO 80129                       |                   | Amount of Each Disbursement this                | s Period    |  |  |  |  |  |  |
|    | Purpose of Disbursement campaign  | 00.120   |                   | 1000.   | .00         |  |  |  |  |  |  |
|    | Candidate Name COFFMAN FOR CONGRESS INC.  |  | Category/<br>Type |   |             |  |  |  |  |  |  |
|    | Office Sought:  X House Senate President State: CO District: 06   | ment For: 2008 Primary X General Other (specify) |                   |   |             |  |  |  |  |  |  |
| С. | Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08   |  |                   | Transaction ID: SB23.18665 Date of Disbursement |             |  |  |  |  |  |  |
|    | Mailing Address 570 ASBURY STREET S   | UITE 201A  |                   | 11  | 8           |  |  |  |  |  |  |
|    | City<br>ST PAUL   | State Zip Code<br>MN 55104                       |                   | Amount of Each Disbursement this                | s Period    |  |  |  |  |  |  |
|    | Purpose of Disbursement fundraiser for recount fund   | 00101  |                   | 5000.   | .00         |  |  |  |  |  |  |
|    | Candidate Name COLEMAN FOR SENATE 08  |  |                   |   |             |  |  |  |  |  |  |
|    | Office Sought:    House   Disburse     X Senate     President   X                                       | ment For: 2008 Primary General Other (specify)   | Туре              |   |             |  |  |  |  |  |  |
|    | State: MN District: 00 Recount  | •  |                   |   |             |  |  |  |  |  |  |
| s  | SUBTOTAL of Disbursements This Page (optional)  |  | <b>&gt;</b>       | 11000.  | 00          |  |  |  |  |  |  |
| 1  | OTAL This Period (last page this line number only)  |  |                   |   |             |  |  |  |  |  |  |

# SCHEDULE B (FEC Form 3X)

|                   | illock b (i let i tilli 5x)  | Use separate schedule(s                                | 5)  |             | R LINE<br>leck only |           |       |           | L            |         | 59/6           | -  |
|-------------------|--|--|-----|-------------|---------------------|-----------|-------|-----------|--------------|---------|----------------|----|
| ITEN              | MIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page      |     |             | 21b<br>27           | 22<br>28a | X     | 23<br>28b | 2            | 4<br>Bc | 25<br>29       | 26 |
| or for o          | formation copied from such Reports and Stacommercial purposes, other than using the rame OF COMMITTEE (In Full) CA INC. GOOD GOVERNMENT FUN  | ame and address of any politica                        |     |             |                     |           |       |           |              |         |                |    |
| · Gl              | II Name (Last, First, Middle Initial) UTHRIE FOR CONGRESS ailing Address PO BOX 9639   |  |     |             |                     | Date of   |       | sburs     | SB:          |         | 670<br>Ž 0 Ŏ 8 | Y  |
|                   | ty DWLING GREEN propose of Disbursement  | State Zip Code<br>KY 42102                             | I — |             |                     | Amou      | nt of | Each      | Disbu        | -       | nt this F      | -  |
| del<br>Ca         | bt retirement<br>andidate Name<br>UTHRIE FOR CONGRESS  |  |     | ateg<br>Typ |                     |           |       |           |              |         |                |    |
|                   | fice Sought:  X House Senate President ate: KY District: 02  | rsement For: 2008 Primary X General Other (specify) ▼  |     |             |                     |           |       |           |              |         |                |    |
| • KE              | II Name (Last, First, Middle Initial) ENDRICK MEEK CAMPAIGN FOR Coalling Address 111 NW 183rd Street Suite 325   | DNGRESS  |     |             |                     |           |       | sburs     | SB2<br>ement | V       | 662<br>Ž 0 Ŏ 8 | Y  |
| _                 |  | State Zip Code<br>FL 33169                             |     |             |                     | Amou      | nt of | Each      | Disbu        |         | nt this F      |    |
| Ca                | ndraiser<br>andidate Name<br>ENDRICK MEEK CAMPAIGN FOR CO  | DNGRESS  |     | ateg<br>Typ | -                   |           |       |           |              |         |                |    |
|                   | fice Sought:  X House  Senate  President  ate: FL  District: 17  | rrsement For: 2008 Primary X General Other (specify) ▼ |     |             |                     |           |       |           |              |         |                |    |
|                   | Il Name (Last, First, Middle Initial) ATSUI FOR CONGRESS   |  |     |             |                     | Date      |       | sburs     | : SB         |         |                | Y  |
| Ma                | ailing Address PO BOX 1738   |  |     |             |                     | 1 0       |       | 2         | 27           |         | ž 0 ŏ 8        | B  |
| Cit<br>S <i>A</i> | ty<br>ACRAMENTO  | State Zip Code CA 95812                                |     |             |                     | Amou      | nt of | Each      | Disbu        |         | nt this F      |    |
| fur               | rpose of Disbursement<br>ndraiser<br>andidate Name   |  | Ca  | ateg        | orv/                |           |       |           |              | 1       | 000.00         | )  |
| M                 | ATSUI FOR CONGRESS   | 0000   |     | Тур         | -                   |           |       |           |              |         |                |    |
|                   | fice Sought:  X House  Senate  President  ate: CA  Disbrace  Disbr | rsement For: 2008 Primary X General Other (specify) ▼  |     |             |                     |           |       |           |              |         |                |    |
|                   | 1  |  |     |             |                     |           | -     |           |              |         | 00.00          | •  |

| Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit and | SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS | Use separate sched for each category of | f the (check o | <u> </u>                               |
|---|--|---|----------------|--|
| NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE  Mailing Address PO Box 16381  City Sugar Land TX 77496 Purpose of Disbursement debt retirement debt retirement debt retirement President Primary X General Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE  Office Sought: Y House Senate Primary X General Other (specify) ▼  Furpose of Disbursement To: 2008  Mailing Address PO Box 26087  City State: TX District: 22  Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS  Office Sought: X House Primary X General Other (specify) ▼  Senate Primary X General Other (specify) ▼  Transaction ID: SB23.18659 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18659 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18669 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement Tip Primary X General Other (specif |  | _                                       | 27             |  |
| HCA INC. GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE  Mailing Address PO Box 16381  City State Zip Code TX 77496  Purpose of Disbursement debt reterement (Candidate Name PORTER FOR CONGRESS  Mailing Address PO Box 26087  City State Ty Code Type Olsbursement For: 2008 Purpose of Disbursement President State: NV District: 22  Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS  Office Sought: X House Senate Primary X General Primary X General Primary X General Type Olsbursement Tipe Periodical Name Port Senate Primary X General Other (specify) ▼  Transaction ID: SB23.18659 Date of Disbursement Tipe Periodical Name Port Type Olsbursement Tipe Periodical Name Port Type Olsbursement Tipe Periodical Name Primary X General Other (specify) ▼  Transaction ID: SB23.18659 Date of Disbursement Tipe Periodical Name Port Type Olsbursement Tipe Periodical Name President State: NV District: 03  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA City NEW YORK State Zip Code NY 10027  Purpose of Disbursement  Candidate Name President State Zip Code NY 10027  Purpose of Disbursement Tipe Periodical Name President State NY 10027  Purpose of Disbursement Candidate Name President NY 10027  Purpose of Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Disbursement Tipe Periodical Name President NY 10027  Purpose of Disbursement Disbursement Tipe Periodical Name President NY 10027  Purpose of Disburs |  |   |                |  |
| OLSON FOR CONGRESS COMMITTEE  Mailing Address PO Box 16381  City Sugar Land TX 77496  Sugar Land TX 77496  Purpose of Disbursement debt retirement  Cardidate Name Port Congress  Office Sought: X House Senate President State: TX Disbursement For: 2008  Senate President Other (specify) ▼  Transaction ID: SB23.18659  Date of Disbursement this. 0.02.0.0.01  Amount of Each Disbursement this Period Sugar Land TX 77496  Amount of Each Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18659  Date of Disbursement this Period Sugar Land TX Properties Type  Amount of Each Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18659  Date of Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18659  Date of Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18659  Date of Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18659  Date of Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18659  Date of Disbursement this Period Sugar Land TX Properties Type  Transaction ID: SB23.18663  Date of Disbursement Type  Transaction ID: SB23.18663  Transaction ID: SB23.18663 | , , ,  |   |                |  |
| City State Type OBox 26087  City Sqas NV 89126  Purpose of Disbursement Candidate Name PORTER FOR CONGRESS  Office Sought: X House Senate President  State: TX District: 03  Full Name (Last, First, Middle Initial) Portice Name Portice Name Portice Name Portice Sought: X House Senate Primary X General Disbursement this Perinary X General Disbursement this Perinary X General Disbursement Type  Transaction ID: SB23.18659 Date of Disbursement this Perinary X General Disbursement this Perinary X General Disbursement Type  Transaction ID: SB23.18659 Date of Disbursement this Perinary X General Disbursement this Perinary X General Disbursement Type  Transaction ID: SB23.18659 Date of Disbursement this Perinary X General Disbursement this Perinary X General Disbursement Type  Transaction ID: SB23.18663 Date of Disbursement Type  Transaction ID: SB23.18663 Date of Disbursement District: 0.3  Transaction ID: SB23.18663 Date of Disbursement Type  Transaction ID:  | ,  |   |                | Date of Disbursement                   |
| Sugar Land Purpose of Disbursement debt retirement Candidate Name OLSON FOR CONGRESS COMMITTEE  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS  Mailing Address PO Box 26087  City Senate Primary X General Other (specify) ▼  Category/ Type  Transaction ID: SB23.18659 Date of Disbursement  Category/ Type  Transaction ID: SB23.18659 Date of Disbursement  Category/ Type  Transaction ID: SB23.18659 Date of Disbursement  Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City Senate President  NY 10027  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General Other (specify) ▼  Category/ Type  Transaction ID: SB23.18663 Date of Disbursement this Peri  Amount of Each Disbursement Transaction ID: SB23.18663 Date of  | Mailing Address PO Box 16381                   |   |                | 111 / 17 / 2008                        |
| Category   Category   Category   Type   |  |   | 9              | Amount of Each Disbursement this Perio |
| OLSON FOR CONGRESS COMMITTEE  Office Sought:  |  |   |                | 1000.00                                |
| Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS  Mailing Address PO Box 26087  City State Zip Code Las Vegas NV 89126  Purpose of Disbursement  Candidate Name PORTER FOR CONGRESS  Office Sought: X House Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City State Zip Code Las Vegas NV 89126  President Other (specify) ▼  Transaction ID: SB23.18659 Date of Disbursement this Perion of Disbursement this Perion of Disbursement this Perion of Disbursement this Perion of Disbursement For: 2008  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City NEW YORK NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Primary X General Category/Type  Other (specify) ▼  Amount of Each Disbursement this Perion of Disbursement Tor: 2008  Category/Type  Category/Type  Other (specify) ▼  Other (specify) ▼  Category/Type  Other (specify) ▼  Category/Type  |  |   |                |  |
| Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS  Mailing Address PO Box 26087  City State Zip Code Las Vegas NV 89126  Purpose of Disbursement  Candidate Name PORTER FOR CONGRESS  Office Sought: X House Senate Primary X General Primary X General President  State: NV District: 03  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City NEW YORK State Zip Code NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Disbursement For: 2008  State Zip Code NY 10027  Amount of Each Disbursement this Perion Inc. SB23.18663  Date of Disbursement  Transaction ID: SB23.18663  Date of Disbursement  Amount of Each Disbursement Transaction ID: SB23.18663  Date of Disbursement  Cardidate Name RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General Category/Type  Office Sought: X House Senate Primary X General Category/Type  Other (specify) Type  Other (specify) Type  Other (specify) Type   | Senate President                               | Primary X Ge                            | -              |  |
| Date of Disbursement    Mailing Address   PO Box 26087  |  |   |                | Transaction ID: SB23.18659             |
| City State Zip Code NV 89126  Purpose of Disbursement  Candidate Name PORTER FOR CONGRESS  Office Sought: X House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City NEW YORK NY 10027  Purpose of Disbursement  Category/ Type  Transaction ID: SB23.18663 Date of Disbursement  Mo 1   | PORTER FOR CONGRESS                            |   |                | Date of Disbursement                   |
| Las Vegas  Purpose of Disbursement  Candidate Name PORTER FOR CONGRESS  Office Sought:  X House Senate President State: NV District: 03  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City NEW YORK Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought:  X House Primary State State Zip Code NY 10027  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this Perivative Category/ Type  Office Sought: X House Primary Other (specify)  Office Sought:  X House Primary Other (specify)   | Mailing Address PO Box 26087                   |   |                | 10 7 30 7 2008                         |
| Purpose of Disbursement  Candidate Name PORTER FOR CONGRESS  Office Sought:   | ,  |   | 9              | Amount of Each Disbursement this Perio |
| PORTER FOR CONGRESS  Office Sought: X House Senate Primary X General Other (specify) ▼  State: NV District: 03  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City NEW YORK NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Type  Transaction ID: SB23.18663 Date of Disbursement  Amount of Each Disbursement this Period Category/Type  Category/Type  Office Sought: X House Senate Primary X General Other (specify) ▼   | Purpose of Disbursement                        |   |                | 1000.00                                |
| Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City State Zip Code NEW YORK NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Transaction ID: SB23.18663 Date of Disbursement  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify) ▼  Other (specify) ▼  |  |   |                |  |
| Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE STA  City State Zip Code NEW YORK NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General President  Transaction ID: SB23.18663 Date of Disbursement  M M / D J D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  | Senate President                               | Primary X Ge                            |                |  |
| Mailing Address PO BOX 5577 MANHATTANVILLE STA  City State Zip Code NEW YORK NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General President Other (specify) ▼   | Full Name (Last, First, Middle Initial)        |   |                |  |
| City NEW YORK NY 10027  Purpose of Disbursement  Candidate Name RANGEL FOR CONGRESS  Office Sought: X House Senate Primary X General President  City State Zip Code NY 10027  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Disbursement For: 2008  Primary X General Other (specify) ▼   |  |   |                | 10 31 / 2008                           |
| Candidate Name RANGEL FOR CONGRESS  Office Sought:  X House Senate Primary President  Category/ Type  Category/ Type  Category/ Type  Category/ Type  | City   | State Zip Code                          | 9              | Amount of Each Disbursement this Perio |
| RANGEL FOR CONGRESS  Office Sought:  X House Senate Primary President  Other (specify)  Type  Type  Type  | Purpose of Disbursement                        |   |                | 2000.00                                |
| Office Sought:  X House Senate Primary President  Disbursement For: 2008 Primary  X General Other (specify) ▼   |  |   | 1              |  |
|   | Senate   | Primary X Ge                            | 8              |  |
|   |  | (-poo) <b>\</b>                         |                |  |

| 0  | CHEDIII E D /EE/  | C Faum 2V\                    |                                   |                              |              |                                   |           |        |           |              |         |             |     |    |
|--|---|-------------------------------|-----------------------------------|------------------------------|--------------|-----------------------------------|-----------|--------|-----------|--------------|---------|-------------|-----|----|
| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Use separate schedule(stort each category of the Detailed Summary Page) |   | Use sepa                      | Use separate schedule(s)          |                              |              | FOR LINE NUMBER: (check only one) |           |        |           | PAGE 61 / 62 |         |             |     |    |
|  |   |                               |                                   | 21b<br>27                    | 22<br>28a    | X                                 | 23<br>28b | _      | 24<br>28c | 25<br>29     |         | 26<br>30b   |     |    |
|  | y Information copied from s<br>for commercial purposes, o |                               | •                                 |                              | , ,          | •                                 |           |        |           |              | •       |             | 3   |    |
| $\setminus$  | NAME OF COMMITTEE   | (In Full)                     |                                   |                              |              |                                   |           |        |           |              |         |             |     |    |
| /  | HCA INC. GOOD GO  | VERNMENT FU                   | ND                                |                              |              |                                   |           |        |           |              |         |             |     |    |
|  | Full Name (Last, First, Mic                               | ddle Initial)                 |                                   |                              |              |                                   | Tran      | sacti  | on ID:    | SB           | 323.186 | <del></del> |     |    |
|  | SCALISE FOR CONG  | RESS 08                       |                                   |                              |              |                                   | Date      | of Di  | sburse    | ment         |         |             |     |    |
|  |   | O Ridgelake<br>e 301          |                                   |                              |              |                                   | 1 1       | М      | 1         | <b>3</b> /   | Y       | δο δ ε      | 3 Y |    |
|  | City<br>Metairie  |                               | State<br>LA                       | Zip Code<br>70002            |              |                                   | Amo       | unt of | f Each    | Disbu        | ursemer |             |     | od |
|  | Purpose of Disbursement debt retirement                   |                               |                                   |                              |              |                                   |           |        |           | -            | 10      | 000.00      | )   |    |
|  | Candidate Name<br>SCALISE FOR CONG                        | RESS 08                       |                                   |                              | Categ<br>Typ |                                   |           |        |           |              |         |             |     |    |
|  | ~~  | ouse Disi<br>enate<br>esident | bursement For: Primary Other (spe | 2008<br>X General<br>cify) ▼ |              |                                   |           |        |           |              |         |             |     |    |
|  | State: LA Distric   | t: 01                         |                                   | •                            |              |                                   |           |        |           |              |         |             |     |    |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 1000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 23000.00 |

В.

President District:

| ago# 2000 102 100 1   |  |  |
|---|--|--|
| SCHEDULE B (FEC Form 3X)  |  | LINE NUMBER: PAGE 62 / 62  |
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page | ck only one)  21b  |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |  |
| NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND   |  |  |
| Full Name (Last, First, Middle Initial) Tennessee Republican Caucus  Mailing Address PO Box 190539        |  | Transaction ID: SB29.18675 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| •   | State Zip Code<br>TN 37219                     | Amount of Each Disbursement this Period  |
| Purpose of Disbursement fundraiser  |  | 2500.00  |
| Candidate Name  | Categor<br>Type                                | y/   |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify) ▼    |  |
| State: District:  |  |  |
| Full Name (Last, First, Middle Initial) Tennessee Republican Party  |  | Transaction ID: SB29.18674 Date of Disbursement  |
| Mailing Address 2424 21st Avenue South Suite 200  |  | 111 M / D20 / Y 2008Y  |
|   | State Zip Code<br>TN 37212                     | Amount of Each Disbursement this Period  |
| Purpose of Disbursement fundraiser  |  | 2000.00  |
| Candidate Name  | Categor<br>Type                                | y/   |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify) ▼    |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 4500.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 4500.00 |

State: